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Form 31605 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEMEN	SUBMIT IN TRIPLICATE (Other instructions on re- Verse side)	Form approved. Budget Bureau No Expires August 31 5. LEASE DESIGNATION AN LC-029389A 6. DF INDIAN, ALLOTTEE 0	. 1004-0135 1. 1985 10 SBIAL NO.	
(Do not use this for	NOTICES AND REPORTS orm for proposals to drill or to deepen or plug use "APPLICATION FOR PERMIT-" for such i	ON WELLS back to a different reservoir. proposals.)			
1.			7. UNIT AGEREMENT NAME	•	
OIL X GAS WELL	OTHER	RECEIVED EX			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	- 1	
Kaiser Francis Oil Co.			Edwards-Fede:	rai	
3. ADDRESS OF OPERATOR			A WELL FO.		
P.O. Box	21468, Tulsa, Oklahoma 74121	<u>- 468 o C D</u>	4		
4. LOCATION OF WELL (Report location clearly and in accordance with any Sate requirements. See also space 17 below.) At surface			<u> </u>	K. Q~.	
			Shugart (Grayburg)		
NE NE (990' FNL & 330' FEI) of Sec. 9		SURVEY OR ARMA			
			Sec. 9-18S-3	1E	
			12. COUNTY OR PARISE	18. STATE	
14. PERMIT NO.		15. BLEVATIONS (Show whether DF, HT, GR, etc.) 3718' GR		NM	
	3/18 G	1R			
6.	Check Appropriate Box To Indicate	Nature of Notice, Report, or C)ther Data		
No	TICE OF INTENTION TO:		THIT REPORT OF :		
		WATER SHUT-OFF	BEPAIRING WE		
TIST WATER SEUT-OFT		FRACTURE TREATMENT	ALTERING CAS	Ng	
FRACTURE TREAT	MULTIPLE COMPLETE	SWOOTLES OF ACIDIBING	ABANDONMENT	• 🗖	
SHOOT OF ACIDISE	CHANGE PLANS	(Other) Change O	f Ownership	X	
REPAIR WELL	CHANGE PLAND	(Norr - Report results	(Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
(Other) 17. DESCRIBE PROPOSED OR (proposed work. If nent to this work.)*	COMPLETED OPERATIONS (Clearly state all pertine well is directionally drilled, give subsurface loc	a to the state of the problem of dates	including estimated data	of starting any	
Please be	e advised that the subject p	roperty formerly owned	and operated by		
Mesa Oper	ating Limited Partnership ha	$\begin{array}{c} \text{as been solu and is not}\\ \text{add} 1 1 087 \text{Change of} \end{array}$	f Operator forms		
Kalear Fr	cancis Uil Co., ellective AD	CIT T' TAOL OUGUSE O	r obergror rormo		

Kaiser Francis 011 Co., effective April 1, 1987. Change of are being filed simultaneously with the State of New Mexico.



ACKNOWLEDGED BY:

Mesa Operating Limited Partnership By: By: <u>Regulatory Analyst</u> Date: 4/9/87

18. I hereby ceptify that the foregoing is trus and correct SIGNED	Production Admin.	DATE	4/24/87
(This space for Federal or State office use) Orig. Sgd. Linda S.C. Chaide.			5.787
APPROVED BY Acting Arad Manuger CONDITIONS OF APPROVAL, IF ANY :	TITLE	DATE	<u> </u>