

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TWO COPIES
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

015F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 19423
2. NAME OF OPERATOR Mesa Operating Limited Partnership	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2009, Amarillo, Texas 79189	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL/1650' FEL	8. FARM OR LEASE NAME WHITE CITY "14" FEDERAL
14. PERMIT NO.	9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) O. C. D. ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT Undesignated Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-25S-26E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Change of Operator	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Mesa Operating Limited Partnership became operator of the above referenced lease effective 6/24/87. A copy of the Designation of Operator is attached. Original Designation of Operator forms were sent to the Roswell District office.

RECEIVED

JUL 1 10 50 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

xc: BLM-Carlsbad, NMOCD, Prod. Rcds, Reg, Expl., Land, Acctg, Partners

18. I hereby certify that the foregoing is true and correct

SIGNED Carolyn Cummings TITLE Regulatory Analyst

DATE 6/30/87

(This space for Federal or State office use)
Orig. Sgd. Under C. Rundell

APPROVED BY Acting Area Manager

TITLE

DATE 7-1-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side