

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1. LEASE DESIGNATION AND SERIAL NO

NM 25600

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

CONFIDENTIAL

2. NAME OF OPERATOR

Mesa Petroleum Co.

3. ADDRESS OF OPERATOR

P.O. Box 2009, Amarillo, Texas 79189

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2270' FNL, 1390' FEL, Sec. 9, T20N, R2W

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cuba Federal

9. WELL NO.

9 # 1

10. FIELD AND POOL, OR WILDCAT

Puerco-Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 9, T20N, R2W

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

6845' GR

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Production String

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

RU and ran 4 1/2" 11.6# K-55 ST&C production casing, set @ 4636'. RU Western and cemented with 260 sx Class "H" + 5% Kcl + 0.6% CF-14; bumped plug with 1450 psi; held ok, PD 0530 hours 7-5-85. SI-WOCU.

RECEIVED

OCT 18 1985

OIL CON. DIV.
DIST. 3

CONFIDENTIAL

XC: BLM (0+5) NMOCD (2), Denver, CR, Acctg, WF, Reg., RZN, Partners

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

SIGNED

TITLE Regulatory Clerk

DATE 7/10/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JUL 17 1985