

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 23233
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 79109	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 660' FSL/660' FEL	8. FARM OR LEASE NAME SOUTH BLANCO FEDERAL 22
	9. WELL NO. #2
	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup Ext.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-24N-8W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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)	

(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.)\*

Propose to cement squeeze casing leak as follows:

GIH w/packer and set @ ±5225'. Pressure up to 1000 psi to test RBP and tubing. Pressure up to 1000 psi and test casing. Release packer and spot 2 sx sand on top of RBP. Work packer up hole and isolate top and bottom of leak. Set packer ±250' above leak. Squeeze with 150 sx Class "H" w/5% salt. Reverse out excess cement - WOC 12 hrs. Pressure up to 1000 psi to test squeeze. Displace hole with 2½ KCL. Swab well to recover load water. RIH w/pump and rods and return to production.

RECEIVED  
OIL CON. DIV.  
JUL 19 1988  
FARMINGTON, NEW MEXICO

RECEIVED  
JUL 22 1988  
OIL CON. DIV.  
DIST. 3

xc: BLM-A (0+5), Prod Rcds, Reg, Land, Expl., Prod.

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

SIGNED Cecily Cummings TITLE Regulatory Analyst

DATE 7/12/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

JUL 19 1988

AREA MANAGER

\*See Instructions on Reverse Side

NMOCC