

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 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  660' FSL/FEL		8. FARM OR LEASE NAME SOUTH BLANCO FEDERAL 22	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-24N-8W	
		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:

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 type="checkbox"/>	CHANGE PLANE	<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) Repair Casing Leak	<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.) \*

MI & RU on 8/31/88 - WIH w/packer and set @ 5209' - pressured up to 1000 psi and tested RBP and tubing. Pressured up to 1000 and tested casing - released packer and spotted 2 sx sand on top of RBP. Worked packer up hole and isolated casing leak (3639'-3885'). Set packer @ 3387' - RU Western - squeezed w/150 sx Class H w/5% salt. WOC 12 hrs. Drilled out cement - pressured up to 1000 psi to test squeeze. OK - displaced hole with 2½% KCL water, swabbed to recover load. Returned well to production 9/5/88.

RECEIVED  
JUL 19 1989  
OIL CON. DIV.  
DIST. 3

xc: BLM-A (0+5), Well File, Reg, Expl

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

SIGNED

*Charles McKee*

TITLE

Regulatory Analyst

DATE

7/10/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 14 1989

FARMINGTON RESOURCE AREA

BY *KY*

\*See Instructions on Reverse Side