

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078204A
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 2405' FNL/1725' FEL		8. FARM OR LEASE NAME FC FEDERAL COM
14. PERMIT NO.		9. WELL NO. # 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6068' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 33-30N-10W
		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 PLANS <input type="checkbox"/>
(Other) <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) <input checked="" type="checkbox"/> TD NOTICE/PROD CASING	

(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.)*

Drilled to a TD of 2660' on 9/08/90. RU and ran 5 1/2" 17# I-70 casing, set @ 2660'. Cemented with 350 sx 65% Class "B" + 35% Poz; tailed in with 225 sx Class "B". Circulated good cement to surface. WOCU. Will test casing when RU to complete.

RECEIVED

SEP 24 1990

OIL CON. DIV.
DIST. 3

TO: BLM-F (045), WF, Reg, Land, Expl., Drlg.

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

SIGNED

Charles J. Miller

TITLE Sr. Regulatory Analyst

DATE 9/7/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

AMOC

ACCEPTED FOR RECORD

DATE

SEP 18 1990

FARMINGTON RESOURCE AREA

BY

MM

*See Instructions on Reverse Side