

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD
SUBMIT IN TRIPLIC
(Other instructions on
verse side)

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

45F

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.)

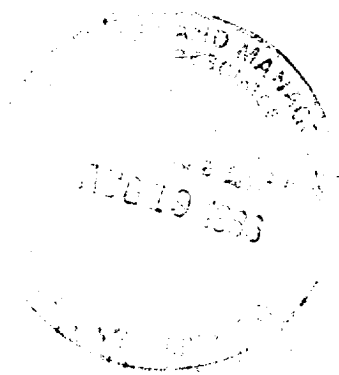
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY AUG 25 1986 O. C. D. ARTESIAN OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-23264	
2. NAME OF OPERATOR Mesa Operating Limited Partnership			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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/1780' FWL			8. FARM OR LEASE NAME Salt Federal	
			9. WELL NO. 5	
			10. FIELD AND POOL, OR WILDCAT West Pecos Slope Abo	
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-8S-23E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, NT, GR, etc.) 4022.9 4023 GR		12. COUNTY OR PARISH Chaves
				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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Surface Abandonment & Reseed <input checked="" type="checkbox"/>	
(Other) <input 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.)*

The above referenced location has been abandoned and all surface abandonment stipulations have been met. The location has been reseeded with the prescribed mix.



xc: NMOC-D-R (0-3) Prod. Rclds, CR, Reg., Land, Expl.

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

SIGNED <i>Cathy Cummings</i>	TITLE Regulatory Clerk	DATE 8/15/86
(This space for Federal or State office use)		
APPROVED BY	TITLE	
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD PETER W. CHESTER DATE
AUG 20 1986
BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

*See Instructions on Reverse Side