

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Drawer DD  
SURMIT 88-216  
Artesia, NM 88216  
Instructions on reverse side

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

43P

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. GIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-23264
2. NAME OF OPERATOR Mesa Petroleum Co. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2009 Amarillo, TX 79189-2009	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 1980' FSL & 1980' FEL	8. FARM OR LEASE NAME Salt Federal
14. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4006' GR	10. FIELD AND POOL, OR WILDCAT West Pecos Slope Abo
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-8-S, R-23-E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

RECEIVED BY  
DEC 19 1985  
O. C. D.  
ARTESIA, OFFICE

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) \*

Propose to P & A well as follows:

Set CIBP @ 2920' plus 35' cement (Abo perfs 2962' - 2972')  
Set 100' plug (8 5/8" csg set @ 1498') from 1550' to 1450'  
Set 100' plug (13 3/8" csg. set @ 888') from 938' to 838'  
Set 50' plug to surface

Install Dry Hole Marker

Note:

TOC 4 1/2" csg @ surface  
TOC 8 5/8" csg @ 150'  
TOC 13 3/8" csg @ surface



xc: BLM-R (0+2), NMOCD-A, Prod. Rcds., Cen. Rcds., Acctg., Expl., Land, Partners, Reg.

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

SIGNED R. F. Mathis TITLE Regulatory Agent DATE 12-4-85

(This space for Federal or State office use)

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

APPROVED  
DATE  
PETER W. CHESTER

DEC 18 1985

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA