

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil (OTHER: 16-00000-00000)
Drawer DD
Artesia, NM 88210

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. NM-40029
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 1980' FSL & 1650' FWL		8. FARM OR LEASE NAME ALKALI FED COM
14. PERMIT NO.		9. WELL NO. #5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3772' GR		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., E., OR S.W. 1/4, AND SURVEY OR AREA Sec. 15, 5S, 25E
		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:

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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)	<input type="checkbox"/>		<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 @ 3650' plus 35' cement (Abo perms 3715'-4001');
Load hole with 9+ ppg mud, set 25 sx plug (8 5/8" casing set @ 1820') from 1950'-1600';
Set 25 sx plug (13 3/8" casing set @ 909') from 1050'-700';
Set cement plug inside 4 1/2" annulus with 1" and raise cement to surface from 1050';
Set 10 sx plug 150' to surface;
Install dry hole marker.

Note: TOC 4 1/2" casing @ 1000'
TOC 8 5/8" casing @ surface
TOC 13 3/8" casing @ surface

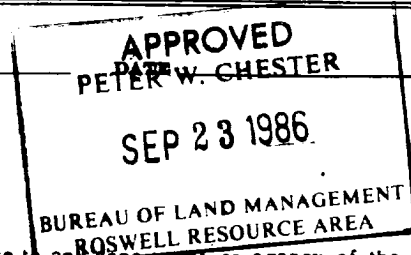
xc: BLM-R (0+2), NMOCD-A, Prod. Rcds, CR, Acctg, Expl., Land, Reg.

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

SIGNED R. E. Mathis TITLE Safety & Regulatory Agent DATE 9/16/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side