

SP/ J... (handwritten initials)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED JUN 8 1982

- 5. LEASE
NM-23264
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
- 8. FARM OR LEASE NAME
SALT FEDERAL
- 9. WELL NO.
4
- 10. FIELD OR WILDCAT NAME
UNDESIGNATED WEST PECOS SLOPE ABO
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 5, T8S, R23E
- 12. COUNTY OR PARISH
CHAVES
- 13. STATE
NEW MEXICO
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)
4064.9' GR

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well or to enlarge a reservoir. Use Form 9-331-C for such proposals.)

- 1. oil well gas well other
- 2. NAME OF OPERATOR
MESA PETROLEUM CO.
- 3. ADDRESS OF OPERATOR
1000 VAUGHN BUILDING/MIDLAND TX 79701-4493
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FSL & 660' FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: SAME

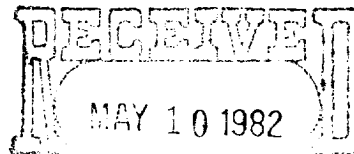
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Commenced workover to retreat Abo perms 2813' --- 2969' on 4-5-82. Fracture treated with 65,000 gals X-Linked gel KCL & CO2 + 315,000# 20/40 sand. Well returned to sales on 4-16-82.



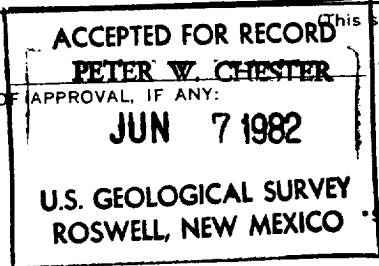
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM, FILE, (PARTNERS 2-5-82)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED R. S. [Signature] REGULATORY COORDINATOR DATE 5-4-82

APPROVED BY _____ (This space for Federal or State office use)
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____



*See Instructions on Reverse Side