Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

1. oil well ☒   gas well ☐   other

2. NAME OF OPERATOR
   Mesa Petroleum Co.

3. ADDRESS OF OPERATOR
   P.O. Box 579, Flora Vista, NM 87415

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 460/S;510/W
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE
   NM 33003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   South Blanco Federal 30

9. WELL NO.
   #1

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    30-24N-7W

12. COUNTY OR PARISH   13. STATE
    Rio Arriba   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6935 GR

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   **RECEIVED**
PULL OR ALTER CASING ☐   (NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE ☐   OCT 14 1982
CHANGE ZONES ☐
ABANDON* ☐   U. S. GEOLOGICAL SURVEY
(other) _____Reseeded_____   X   FARMINGTON N. M.

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.)*

Reseeded Pipeline right-of-way and location.

(stamp: RECEIVED OCT 22 1982 OIL CON. COM. DIST. 3)

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

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

SIGNED _Charlie James_   TITLE Drlg.&Prod.Foreman   DATE   9-24-82

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 18 1982

*See Instructions on Reverse Side

FARMINGTON DIST
BY _____

NMOCC