## UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	N00-C-14-20-8451
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas cother other	South Blanco Navajo 31 9. WELL NO.
2. NAME OF OPERATOR	1
Mesa Petroleum Co.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 1660 Lincoln St., Suite 2800, Denver CO 80264	Lybrook Gallup Ext.  11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec.31, T24N, R7W
AT SURFACE: 840' FNL, 500' FWL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba NM NA
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. ATT NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6949' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	VED ( )
DEDAID WELL	(NOTE: Report results of multiple completion or zone)
PULL OR ALTER CASING	change on Form 94330.)
MULTIPLE COMPLETE	
ABANDON*	AL SURVEY OF DIGIL 3
(other) Production Casing Report	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	directionally diffied, give substitute locations and
Drilled 7 7/8" hole to T.D. of 5750'. Ran 1 K-55 STC production casing to 5725'. Cement Pozmix with 2% gel. Had good circulation. 65/35 Pozmix with 6% gel and $6\frac{1}{4}$ /sack Gilsor containing 2% gel & $6\frac{1}{4}$ /sack Gilsonite. Ha of 1st stage at 3157'. Cement top of 2nd st Ojo Alamo.	ced 1st stage with 350 sxs 50/50 Cemented 2nd stage with 400 sxs wite, and 100 sxs 50/50 Pozmix and good circulation. Cement top
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED Landy Landson TITLE Regulatory (	
(This space for Federal of State	diffee disc)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	ACTEPTAL CONTROL
*See Instructions on Rever	JUL 2 1981

NMOCC

\*See Instructions on Reverse Side