## Budget Bureau No. 42-R1424 5. LEASE

Form Approved.

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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NM	122	33		

## 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.	well	X	gas well		other	
2.	NAME	E OF	OPERA	TOR		

Mesa Petroleum Co. 3. ADDRESS OF OPERATOR

AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE

CONDITIONS OF APPROVAL, IF ANY:

CHANGE ZONES

ABANDON\*

(other)

- 1660 Lincoln St., #2800, Denver CO 80264
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL, 1110' FWL AT TOP PROD. INTERVAL:
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

8.	FARM	OR	LEASE	NAME	

7. UNIT AGREEMENT NAME

South Blanco Federal 26

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

- 9. WELL NO. 3
- 10. FIELD OR WILDCAT NAME Lybrook Gallup Extension
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR Sec. 26-T24N-R8W
- 12. COUNTY OR PARISH 13. STATE New Mexico San Juan 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)

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SUBSEQUENT	REPORT OF:
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	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
	change on Form 9-330)
1	change of Form 5, 550.
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Footage and elevation correction 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates,

U. S. GCOLOGICAL SURVEY

PARIAINGTON, N. M.

Footage of surface location on original APD was incorrectly typed to read 660' FNL, 110' FWL; the correct footage is 660' FNL, 1110' FWL.

measured and true vertical depths for all markers and zones pertinent to this work.)\*

including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and

Elevation of surface location on original APD was incorrectly typed to read 6897' GL; the correct elevation is 6863' GL.

Subsurface Safety Valve: Manu. and Type \_\_\_ 18. I hereby certify that the foregoing is true and correct TITLE Reg. Coordinator DATE \_\_\_1/26/82 SIGNED \_ (This space for Federal or State office use) DATE APPROVED BY

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC

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FARMINGTON DISTRICT