UNITED STATES	5. LEASE SF 046563
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or p ug back to a different reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
	McLeod
1. oil gas well other	9. WELL NO. 2E
2. NAME OF OPERATOR Mesa Petroleum Co. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
P.O. Box 579 Flora Vists, N.M. 87415 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-28N-10W
AT SURFACE: 1530/N;930/W	12. COUNTY OR PARISH 13. STATE San Juan NM
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT CF:	1
TEST WATER SHUT-OFF	King Carlo
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone change on Formp9–330)
CHANGE ZONES ABANDON* (other Request for extension to use pits for production to use pits for produc	ced water process
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is comeasured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
Mesa Petroleum Co. requests approval to use refrom subject well for an additional X days, permanent disposal site may possibly be found January 1, 1976.	as per NTL 2b, Section VII, dated
January 1, 1976. proved for 30 days, until October 30, 1982, a thad must be approved, or the well will	f which time a suitable disp be ordered shut-in
had must be approved, or the west	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Charle June TITLE Drlg. & Prod. Fo	reman DATE 9-23-82
APPROVED BY	ffice use) DATE
CONDITIONS OF APPROVAL, IF ANY:	•

*See Instructions on Reverse Side