5. LEASE

UNITED STATES DEDADTMENT OF THE INTEDIOD

DEPARTMENT OF THE INTERIOR	NM 021119
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 plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas XX other	Federal
Well Street	9. WELL NO.
2. NAME OF OPERATOR	9E
Mesa Petroleum Co.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
1660 Lincoln St., #2800, Denver, Colo. 80264 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	Sec. 9, T29n, R12w
AT SURFACE: 790' FSL & 790' FEL, Sec. 9 AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico
same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5670' KB
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of multiple complete py zone, change on Form 9–330.)
MULTIPLE COMPLETE	O/L CO 798
CHANGE ZONES	change on Form 9-330.) O/L CCN COM D/ST. 3
ABANDON*	DIST. 30IM
(other) Spud and test BOP X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled, give subsurface locations and
The above well was spudded May 13, 1980 at 4:4 drilled to 270' KB, 8 5/8" 24#/ft. new K-55 ST and cemented with 180 sxs. class "B" 2% CaCl. with cement circulated to the surface.	C casing was set at 266' KB
The BOP's were tested to 800 psi for 15 minute	ACCEPTED FOR RECORD
	MAY 33 1980
	FARMINGTON DISTRICT
Subsurface Safety Valve: Manuand Type	By
	Set @ Ft.
18. I hereby certify that the loregoing is true and correct	on May 14 3000
	er. date <u>May 14, 1980</u>
(This space for Federal or State office use)	
APPROVED BY TITLE TOTAL CONDITIONS OF APPROVAL, IF ANY:	DATE
COMDITIONS OF AFFROYAL, IF ANT.	