Form 9-331 Dec. 1973

Form Approved Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 020504; SF 078813 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 reservoir, Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas well other	Federal 9. WELL NO.
2. NAME OF OPERATOR Mesa Petroleum Co. 3. ADDRESS OF OPERATOR 1660 Lincoln St., #2800 Denver, Colo. 80264 4. LOCATION OF WELL (REPORT LOCATION CLEARLY See space 17 below.) AT SURFACE: 1750' FNL & 805' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R11W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.

16. CHECK APPROPRIATE REPORT, OR OTHER	BOX 1 DAT A	TO INDICATE	NATURE OF	NOTICE,		evations (sh 5808' GR	HOW DF,	KDB, AND W	/D)
REQUEST FOR APPROVAL TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Spud	ë	SUBSEQ	UENT REPORT	OF:	(NOTE:	Report results change on For		completion or z	оле

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details; and give pertinent dates, including estimated cate 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.)*

This well was spudded @ 10:15 PM, July 14, 1980. A 12 1/4" hole was drilled to 294 ft. KB. New 8 5/8" 24#/ft. STC casing was set @ 285 ft. KB and cemented with 250 sxs. class "B" 2% CaCl. Circulated 10 bbls. of slurry to the

Nippled up B.C.P. and tested to 1000 psi for 15 mins. prior to drilling the surface casing shoe.

Subsurface Safety Valve: Manu. and Type	<u></u>	Ft.
18. I hereby certify that the foregoine is to	,	
18. I hereby certify that the foregoing is to	rue and correct	
Will Wal fir		
SIGNED 12		
	(This space for Federal or State office use)	
ADDROVED BY	TITLE DATE DATE	
CONDITIONS OF APPROVAL, IF ANY:		i
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