Form 9-331 (May 1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No./42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

USA SFO7821/5-B

GEOLOGICAL SURVEY						
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 "APPLICATION FOR PERMIT—" for such proposals.)

Amarillo, Texas 79105

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)
At surface

8. FARM OR LEASE NAME
${\tt Primo}$
9. WELL NO.
lA
10. FIELD AND POOL, OR WILDC.

1190' FN & WL, Sec 6, T31N, R10W

OTHER

Sec. 6, T31N, R10W

12. COUNTY OR PARISH | 13. STATE

14. PERMIT NO.

NAME OF OPERATOR

3. ADDRESS OF OPERATOR

P.O. Box 2009

Mesa Petroleum Co.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5943' GL

San Juan N.M.

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOT	CE OF	INTENTION TO:		1	SUBS	EQUENT REF	PORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS			WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other) 10-3/4''  (NOTE: Report resu	Surfac	REPAIRING WELL ALTERING CASING ABANDONMENT* CC Casing Iple completion on We port and Log form.)	X
			 	<u> </u>	Completion of Access	mpiction icc	port and nog rorm.)	

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

On 9/4/75 @ 925' (Present depth) ran 173' 10-3/4" surface casing. Set at 165' KBM. Cemented with 125 sacks Class "B" Calcium Chloride, and circulated 20 sacks.

U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

10 1	Jul. 6157.	
18. I hereby certify that the foregoing is true and correct		0/0/55
SIGNED J. I. Farrell TITLE	Operations Manager	DATE 9/9/75
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: XC: 5 USG 1 Arch	S (2 to the state)	DATE