

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

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. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
MESA PETROLEUM CO. ✓

3. ADDRESS OF OPERATOR
1000 VAUGHN BUILDING/MIDLAND TX 79701-4493

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FSL & 1980' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: SAME

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Re-fracture treated Abo perms 2923'---3363' on 4-1-82 as follows:

100,000 Gal X-Link Gel KCL & CO2 plus
18,000# 100 Mesh Sd plus
336,000# 20/40 mesh Sd at ALR. of 30 BPM

Ran GR after job showing sand fill from 3011'---3363'. Flowed well to recover load until turning down sales line on 4-6-82.

XC: MMS (6), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM, FILE, (PARTNERS)
Subsurface Safety Valve: Manu. and Type Set @ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED R. P. Nathan TITLE REGULATORY COORDINATOR DATE 4-7-82

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 13 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEX

5. LEASE NM-36643	RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME ROCK FEDERAL	APR 13 1982
9. WELL NO. 1	O. C. D. ARTESIA, OFFICE
10. FIELD OR WILDCAT NAME PECOS SLOPE ABO	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 7, T8S, R23E	
12. COUNTY OR PARISH CHAVES	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4154' GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330)

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