UN.._D STATES

	Budget Bureau No. 42-R142
 5.	LESE
	NM-36643
 6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
 7	LINIT ACREEMENT NAME

UND STATES UND STATES UND STATES OTT DD 88210 DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Form Approved. Budget Bureau No. 42-R1424
COMMES UND STATES	5. LEASE
COMS. OLD DEPARTMENT OF THE INTERIOR	NM-36643
THE OTT DO HE SOLUTION GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
UND STATES UND STATES UND STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen REPORT Dack to a difference of the proposals.)	7. UNIT AGREEMENT NAME
1. oil gas X other SEP 14 1983	Rock Federal 9. WELL NO.
2. NAME OF OPERATOR O. C. D. Mesa Petroleum Co. ARTESIA, OFFICE	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	West Pecos Slope Abo
P. O. Box 2009 / Amarillo, TX 79189	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space below.) 	Sec. 6, T8S, R23E
AT SURFACE: 660' FNL & 1980' FWL	12. COUNTY OR PARISH: 13. STATE
AT TOTAL DEPTH:	Chaves New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3996 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3770 31
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form (NOTE)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones per	tinent to this work.)*
Propose to plug and abandon subject well	as follows:
Set CIBP @ 2770' plus 35' cement (Abo per	fs 2820' - 2828').
Set 25 sx "C" from 1490' to 1390' (8 5/8"	set @ 1440').
Set 10 sx "C" from 150' to surface. Install Dry Hole Marker.	
<pre>XC: BLM-R(O+6), CEN RCDS, ACTG, MAT CONT, GAS MIDLAND, ROSWELL, PARTNERS</pre>	
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct Regulat	cory
SIGNED TITLE COORDIN	nator date 8-8-83
APPROVED (This space for Federal or Sta	ate office use)
APPROVED SEL.) TETTER W. CHESTER TITLE	DATE
CONDITIONS OF APPROVAL IF ANY: 9EP 19 1983	

