Form Approved.

UNITED STATES

Artesia, NM

5. LEASE MM_366/3

Budget	Bureau	No.	42~R142

0,11,72			. n
DEPARTMENT	OF	THE	INTERIOR
GEOLOG	ICAL	SUF	RVEY

IN OF THE INTERIOR	MI-20042
LOGICAL 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 difference or the form 9–331–C for such proposals in the contract of the contract RECEIVED BY well well other EB 27 1986 2. NAME OF OPERATOR

Mesa Petroleum Co. O. C. D. 3. ADDRESS OF OPERATOR ARTESIA, OFFICE P. O. Box 2009 / Amar

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 1980' FWL AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

9. WELL NO. 10. FIELD OR WILDCAT NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rock Federal

West Pecos Slope Abo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 6, T8S, R23E 12. COUNTY OR PARISH 13. STATE New Mexico Chaves

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3996' GR

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

SUBSEQUENT REPORT OF:

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

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.)*

Commenced P&A on 9-26-83 as follows:

Set CIBP at 2770' plus 25 sx "C". Set 25 sx "C" from 1490' to 1390'. Set 25 sx "C" from 150' to surface.

Installed Dry Hole Marker. Well is P&A 9-26-83.

xc: BLM-R(O+6), CEN RCDS, ACCTG, PROD RCDS(FILE), MIDLAND, ROSWELL, PARTNERS

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the horegoing is true and correct REGULATORY SIGNED R. F. March

COORDINATOR

DATE

Post ID- 2 10-7-83

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

APPROVED

PETER W. CHESTER

FEB 27 1986

_____Set @ ____

BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA

*See Instructions on Reverse Side