

Form 9-331  
(May 1963)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
NM-14993 RECEIVED6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
MAY - 5 19807. UNIT AGREEMENT NAME  
O. C. D.  
ARTESIA, OFFICE8. FARM OR LEASE NAME  
Savage Federal9. WELL NO.  
110. FIELD AND POOL, OR WILDCAT  
Wildcat11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 4, T7S, R25E

12. COUNTY OR PARISH 13. STATE  
Chaves N. MexicoSUNDRY NOTICES AND REPORTS ON WELLS  
(Do not use this form for proposals to drill or to deepen or plug back or change location of well.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL ☐ GAS ☒ WELL ☐ OTHER ☐ MAY - 1 1980
2. NAME OF OPERATOR  
Mesa Petroleum Co. U.S. GEOLOGICAL SURVEY
3. ADDRESS OF OPERATOR  
1000 Vaughn Building / Midland, Texas 79701 ARTESIA, NEW MEXICO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FNL & 660' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3776.4' GR 3788' RKB

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spudded & 13-3/8" casing	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

Spudded well on 4-27-80 with 17-1/2" hole and drilled to 315'. Ran 11 jts 13-3/8", 48#, H-40 casing set at 314', FC at 275', and centralizers on jts 1, 3, and 5. Cemented with 320 sx "C" + 2% CaCl. PD at 9:00 PM 4-27-80. Circulated 45 sx to pit. WOC 18 hours. Reduced hole to 12-1/4" and drilled ahead on 4-28-80.

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

SIGNED R. E. Mathis TITLE Regulatory Coordinator DATE 4/29/80

(This space for Federal or State office use)

APPROVED BY GEORGE H. STEWART

CONDITIONS OF APPROVAL, IF ANY:

TITLE DISTRICT ENGINEERDATE MAY 02 1980

XC: USGS (6), TLS, JWH, MEC, JBH, ACCTG, CENTRAL RECORDS, FILE, PLE 4/29/80 mp

\*See Instructions on Reverse Side