

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR MESA PETROLEUM CO ✓	3. ADDRESS OF OPERATOR 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701	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.) 3893.9' GR
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6. IF INDIAN, ALLOTTEE OR TRIBESMAN NM - 27970	7. UNIT AGREEMENT NAME DEC 3 1980	8. FARM OR LEASE NAME O. C. D. COYOTE FEDERAL ARTESIA, OFFICE	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Wildcat UNDESIGNATED ABO	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 5, T7S, R25E	12. COUNTY OR PARISH CHAVES	13. STATE NEW MEXICO
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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 checked="" 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)	<input type="checkbox"/>		<input 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.)*

Propose to amend approved Drilling Program as follows:

Run 13 3/8" casing to minimum depth of 550', estimated to be 50' into the San Andres which is brackish in this area, as surface casing. 13 3/8" casing will be cemented to surface.

Run 8 5/8" casing to 1500' and cement with 200 sx which may or may not raise cement to the surface casing which is protecting any fresh water zones.

Drilling medium may be air, mist, foam, or mud depending upon hole conditions. Appropriate equipment will be used for each medium used to prevent blow outs or loss of well control.

XC: USGS (6) TLS, HOBBS OFFICE, MEC, PARTNERS, FILE

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

SIGNED R. E. Parker TITLE Regulatory Coordinator DATE 11-19-80

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE NOV 25 1980

Cement for the 8 5/8" casing must tie back to the 13 3/8" casing.

*See Instructions on Reverse Side