

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRII ATE*
(Other instruction. n re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 14982

6. IF INDIAN, ALLOTTEE OR TRIBAL RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

STANCEL FEDERAL ARTESIA, OFFICE

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

UNDESIGNATED ABO

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 22, T5S, R24E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

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 ☐ GAS WELL ☒ OTHER

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' FSL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4031.4' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Drilling Program as follows:

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. Martin

TITLE Regulatory Coordinator

DATE 11-20-80

(This space for Federal or State office use)

ACCEPTED FOR RECORD

PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

NOV 25 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side