

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYCOPY  
SUBMIT IN TRIPI  
(Other instructions  
verse side)TE:  
re:Form approved.  
Budget Bureau No. 42-R1424.

## 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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 36652
2. NAME OF OPERATOR MESA PETROLEUM CO. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1000 VAUGHN BUILDING/MIDLAND TEXAS 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL	8. FARM OR LEASE NAME BARN FEDERAL
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4109.6' GR	10. FIELD AND POOL, OR WILDCAT UNDESIGNATED ABO
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 13, T8S, R22E
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.) *	12. COUNTY OR PARISH CHAVES
	13. STATE NEW MEXICO

RECEIVED

MAR 26 1981

O. C. D.

ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	(Other) <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
ABANDON* <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
CHANGE PLANS <input checked="" type="checkbox"/>	

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 modify approved Application To Drill by spudding well with a 12 1/4" bit and drilling to approximately 1600' to set 8 5/8" casing at the surface string and cementing with sufficient kinds and amounts to raise the cement to the surface. Will then reduce hole to 7 7/8" and drill to total depth to set 4 1/2" casing.

XC: USGS (3), TLS, HOBBS, MEC, PARTNERS, FILE

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>R. E. Nantz</u>	TITLE <u>REGULATORY COORDINATOR</u>
DATE <u>MARCH 9, 1981</u>	
APPROVED BY <u>(Orig. Sig.) PETER W. CHESTER</u>	
TITLE <u></u>	
DATE <u></u>	
CONDITIONS OF APPROVAL, IF ANY: <u>MAR 9 1981</u>	
JAMES A. GILHAM DISTRICT SUPERVISOR	

See Instructions on Reverse Side