

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

C/SF

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		5. LEASE DESIGNATION AND SERIAL NO. NM 36643	
2. NAME OF OPERATOR MESA PETROLEUM CO. /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED MAY 13 1981	
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 990' FNL & 1980' FEL 1980 S - 990 W		8. FARM OR LEASE NAME ROCK FEDERAL O.C.D.	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3941.1' GR		10. FIELD AND POOL, OR WILDCAT UNDESIGNATED ABO	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA SEC 18, T8S, R23E	
		12. COUNTY OR PARISH CHAVES	
		13. STATE NEW MEXICO	

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) SPUD & 8 5/8" CSG & CMT	<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 with 12 1/4" hole on 4-30-81. Hit 5 BPH fresh water at 560'. Drilled to 1250' and ran 37 jts 8 5/8", 24#, K-55 casing set at 1248'. Cemented with 400 sx LT + 4% CaCl + 1# flocele, 200 sx Thixset + 4% CaCl, and tailed in with 250 sx "C" + 2% CaCl. Cement did not circulate. WOC 12 hours - TOC @ 510'. Set 3 plugs with total of 600 sx Thixset + 4% CaCl. Circulated 20 sx. WOC total of 16 hours tested BOP's & casing to 600 psi for 30 min - OK. WOC additional 2 1/2 hours, reduced hole to 7 7/8" and drilled ahead on 5-3-81.

XC: USGS (3), TLS, ROSWELL, MEC, PARTNERS, FILE, CEN RCDS, ACCT, LAND

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

SIGNED

R F. Mark

TITLE

REGULATORY COORDINATOR

DATE

MAY 5, 1981

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ROBERT A. CHAPMAN

TITLE

DATE

MAY 11 1981

*See Instructions on Reverse Side