

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ 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. See space 17 below.)

AT SURFACE: ~~990' FNL & 1980' FEL~~

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: SAME

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

RECEIVED
(NOTE: stamp)
SEP 28 1981

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

Per phone conversation between Mr. G. Stewart/USGS and Mr. R. Mathis/Mesa, propose to P&A well as follows:

Set plug #1 from 2900' to 2685' across ABO perfs and Top
Set Plug #2 from 1300' to 1200' across 8 5/8" casing shoe
Set plug #3 from 100' to surface.

XC: USGS (6), TLS, CEN RCDS, ACCTG, MEC, LAND, PARTNERS, ROSWELL, FILE
Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED R. P. Mathis TITLE REGULATORY COORDINATOR DATE 9-23-81

APPROVED BY: (Orig. Sgd.) ROGER A. CHAPMAN
CONDITIONS OF APPROVAL, IF ANY:

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side