Form Approved. Budget Bureau No. 42-R1424

RECEIVED

SEP 21 1981

O. C. D.

NEW MEXICO

HINITED STATES

Artesia, NM 88210

5. LEASE

0,11125 0111120				
DEPARTMENT	OF	THE	INTERIOR	
GEOLOG	ICAL	. SUR	VEY	

NM 28298

AREA

CHAVES

14. API NO.

SEC 18, T6S, R24E

	/.U/.7U	
6.	IF INDIAN, ALLOTTEE	OR TRIBE NAME

10. FIELD OR WILDCAT NAME ARTESIA, OFFICE

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)

12. COUNTY OR PARISH 13. STATE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CHNDRY	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.)

	ASKEW FEDERAL
1 all man all	ASKEW FEDERAL
1. oil gas 💢 other	9. WELL NO.
2. NAME OF OPERATOR	<u> </u>
MESA PETROLEUM CO. /	10. FIELD OR WILDCAT UNDESIGNATED ABO
3. ADDRESS OF OPERATOR	UNDESTGNATED ADO
3. ADDRESS SI CI Ellistici	

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

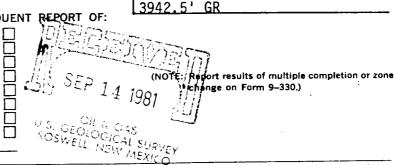
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FNL & 3025' FWL AT SURFACE: AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: SAME 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

REPORT, OR OTHER DATA

FOR APPROVAL TO:	SUBSEQUENT	REPORT C
EP SHUT-OFF	П	HIMPOR

REQUEST TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)



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 verbal conversation between our Jackson/USGS's Mr. Chapmann, propose to P&A well as follows:

Will set 100' plug at top of Abo at 3056'.

Will set 100' plug at 8 5/8" casing shoe (50' in & out)

at 1906'.

Will set 15 sxs plug at surface.

USGS (3), TLS, CEN RCDS, ACCTG, MEC, LAND, PARTNERS, ROSWELL, FILE __ Set @ ___ Subsurface Safety Valve: Manu. and Type . 18. I hereby certify that the foregoing is true and correct TITLE REGULATORY COORDINATOR SEPTEMBER 10, 1981 SIGNED. (This space for Federal or State office use) APPROVED BY CORR SIGNATURE _____ DATE _

CONDITIONS OF APPROVAL, IF ANY: SEP 1 7 1981

> VJAMES AL CILLETIA DISTRICT SUPER USOR

*See Instructions on Reverse Side