

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM

451

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 well gas well other

2. NAME OF OPERATOR
Mesa Petroleum Co. ✓

3. ADDRESS OF OPERATOR
P.O. Box 2009 / Amarillo, Texas 79189

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 660' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) pump test	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE
88210
NM-36647

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME
Macho Federal JAN 18 1983

9. WELL NO.
1 O. C. D.

10. FIELD OR WILDCAT NAME
ARTESIA, OFFICE
Undesignated ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 5, T7S, R23E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3985.4'

RECEIVED

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

OCT 17 1982

OIL & GAS
MINERALS MGMT. SERVICE

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.)*

Subject well has been under economic evaluation since completion of drilling operations 5-6-82. Pump testing is presently underway to determine if well can produce enough gas to pay for removal of water and long term costs of pumping the well. Anticipate management decision prior to 1-1-83.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R. E. Mach TITLE Reg. Coordinator DATE 12-13-82

ACCEPTED FOR RECORD
(This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS
JAN 17 1983
MMS-R (0+5), CEN RCDS, ACCTG, OPS (FILE), MIDLAND, ROSWELL, PARTNERS
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____