

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

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 TX 79701-4493

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

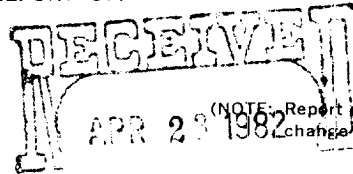
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) TD, 4½" csg & cmt

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

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

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.)*

Drilled 9 7/8" hole with mud to 1800'. Reduced hole to 7 7/8" and nipped up BOP's. Tested BOP's to 600 psi for 30 minutes --- okay and, drilled ahead on 4-17-82. Drilled 7 7/8" hole to TD of 4406' on 4-20-82. Ran 109 jts of 4½", 10.5#, K-55 casing set at 4406'. Cemented with 500 sxs Class "C" + 5# KCL + 3/10% Halad-4 + 2/10% CFR-2. Plug down at 11:30 PM, 4-21-82. Cement did not circulate. Released rig at 6:00 PM, 4-21-82. WOCU estimated to arrive 4-29-82.

XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM FILE PARTNERS)

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

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

SIGNED R. E. Mark TITLE REGULATORY COORDINATOR
U.S. GEOLOGICAL SURVEY

(This space for Federal or State of _____)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: