

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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
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 | <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) SPUD, 10 3/4" csc & cement | | |

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 14 3/4" hole on 4-12-82. Drilled with mud to 900' and ran 22 jts 10 3/4", 40.5#, H-40 casing set at 900'. Cemented with 700 sx Thixalite + 1/4# Flocele + 4% CaCl and tailed in with 300 sx "C" + 2% CaCl. PD @ 3:30 PM 4-14-82. Circulated 150 sx. Tested casing to 600 psi for 30 mins - OK. Reduced hole to 9 7/8" and drilled ahead on 4-15-82. WOC total of 18 hours.

XC: MMS (A), 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 [Signature] TITLE REGULATORY COORDINATOR 4-16-82

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 11 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO