

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM OIL COM. COMMISSION
Drawer DD
Artesia, NM 88210
SUBMIT IN 100% CASE*
(See instructions on reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other ☐		
b. TYPE OF COMPLETION:		NEW WELL ☐	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	
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 and in accordance with any State requirements)* At surface 990' FNL & 660' FWL At top prod. interval reported below N/A At total depth same							
14. PERMIT NO.			DATE ISSUED 9-16-82				
15. DATE SPEUDED 9-23-82		16. DATE T.D. REACHED 9-29-82		17. DATE COMPL. (Ready to prod.) 10-1-82 P&A			
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4302' GR 4315' RKB		19. ELEV. CASINGHEAD -					
20. TOTAL DEPTH, MD & TVD 3600'		21. PLUG, BACK T.D., MD & TVD Surface		22. IF MULTIPLE COMPL., HOW MANY*			
23. INTERVALS DRILLED BY →		ROTARY TOOLS All		CABLE TOOLS			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None					25. WAS DIRECTIONAL SURVEY MADE No		
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CLL/GR-CNL-FDC					27. WAS WELL CORED No		
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED		
8 5/8"	24 ^{1/2}	1068'	12 1/4"	700/200/1300	-		
29. LINER RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)			
30. TUBING RECORD							
SIZE	DEPTH SET (MD)	PACKER SET (MD)					
31. PERFORATION RECORD (Interval, size and number) None					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. OH & GAS MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO Post FD-2 11-19-82 P&A		
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in) P&A		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS						ACCEPTED FOR RECORD (ORIG. SGD.) DAVID R. GLASS NOV 8 1982 U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records						DATE 11-3-82	
SIGNED R. E. Mark		TITLE Regulatory Coordinator		U.S. GEOLOGICAL SURVEY		DATE 11-3-82	

* (See Instructions and Spaces for Additional Data on Reverse Side)

XC: MMS-R (0+6), CEN RCDS, ACCTG, REM (FILE), MIDLAND, ROSWELL, PARTNERS ()
LEC, CTY, BRR

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24 and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

NOT LOGGED