

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

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: 990' ENL & 660' FWL

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM-36601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED BY

8. FARM OR LEASE NAME

Loma Federal

JAN 24 1985

9. WELL NO.

1

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Wildcat ABO

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

Sec 11, T9S, R22E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4302' GR

(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 7-7/8" hole to TD of 3600'. After logging, received verbal permission to P&A well and proceeded as follows:

Set 25 sx "c" + 5# KCL + 2/10% CFR-2 + 3/10% Halad-4	at 2905' to 2840'
Set 25 sx " " " " " "	at 2840' to 2780'
Set 50 sx " " " " " "	at 1127' to 985'
Set 20 sx " " " " " "	at 60' to surface

Installed Dry hole marker. Well P&A 10-1-82.

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

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

SIGNED R. E. [Signature] TITLE Regulatory Coordinator DATE 10-4-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1985

XC: MMS-R (O+2), TLS, CEN RCDS, ACCTG, REM (FILE), MIDLAND, ROSWELL, PARTNERS, ()

*See Instructions on Reverse Side