FRACTURE SHOOT OR REPAIR WELL

(other) TD,

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

4 1/2" CSG & cement

NM OIL CONS. COMMISSION

C/87

Dec. 1973 Drawer DD	Form Approved. Budget Bureau No. 42-R142				
UNITED STATES Artesia, NM 88210	5. LEASE				
DEPARTMENT OF THE INTERIOR	NM-36644				
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME RECEIVED				
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME JUL 1 5 1983				
1. oil gas 🗊	Debbie Federal				
well well other	9. WELL NO. O. C. D.				
2. NAME OF OPERATOR Mesa Petroleum Co.	3 ARTESIA OFFICE				
	10. FIELD OR WILDCAT NAME				
3. ADDRESS OF OPERATOR	West Pecos Slope ABO				
P.O. Box 2009 / Amarillo, Texas 79189	11. SEC., T., R., M., OR BLK. AND SURVEY OR				
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	· ·				
	Sec 30, T7S, R23E				
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE				
AT TOTAL DEPTH:	Chaves New Mexico				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.				
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)				
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	4082' GR				
TEST WATER SHUT-OFF					
FRACTURE TREAT					
SHOOT OR ACIDIZE	W = = = = = = = = = = = = = = = = = = =				

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 detailed to the starting any proposed work. 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 3200' on 5-15-83. Ran 83 jts 4 1/2", 10.5#, K55, ST&C casing set at 3200'. Cemented with 350 sx "C" + 5# KCL + 2/10% D-31 + 3/10% D-19. PD at 0800 5-16-83. Cement did not circulate. Released rig at 1300 5-16-83. WOCU.

XC:	BLM-(0+6),	CEN RCDS,	ACCTG,	MAT CONT, (OPS(FILE),	MIDLAND	ROSW	ELL, PAR	INERS
	Safety Valve: Man								
18. I hereby certify that the foregoing is true and correct					1 A				
SIGNED	2. 8. Machis	-	_ TITLE	REGULATORY COORDINATO	.΄)R date _	May 18,	1983	5 () 3	_
		(1	his space for	Federal or State off	fice use)				
APPROVED B'	YOF APPROVAL, IF .	ANY:	TITLE		DATE			<u> </u>	_

*See Instructions on Reverse Side