M OIL CONS. CON Drawer DD

Form Approved.

UNITED STATES

Artesia. NN 88210 FASE

644

punker	Duieau	140.	42-R142

DEPARTMENT OF	THE INTERIOR
GEOLOGICAL	L SURVEY

_	AGENTAL TOTAL
	NM-366

Б.	IF INDIAN,	ALL	OTTEE	OR	TRIBE	NAM

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.)

gas \Box well other well 2. NAME OF OPERATOR Mesa Petroleum Co.

3. ADDRESS OF OPERATOR P. O. Box 2009 / Amarillo, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1980' FSL & 1650' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Debbie Federal

9. WELL NO.

10. FIELD OR WILDCAT NAME West Pecos Slope Abo

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

Sec. 29, T7S, R23E

12. COUNTY OR PARISH 13. STATE New Mexico Chaves

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3985' GR

SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* TD, $4 \frac{1}{2}$ csg & cement

RECEIVED BY (NOTE: Report results of mutualle completion or zone DEC 14 1988 on Form 9=330!) CE 9 IVED O. C. D. ZS ARTESIA, OFFICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give per inent 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 3200' on 11-27-83. Ran 83 jts 4 1/2", 10.5#, K55, ST&C csg set at 3200'. Cemented with 350 sx "C" + 5# KC1 + 2/10% D-31 +3/10% D-19. PD at 1730, 11-28-83. Cement did not circulate. Released rig at 2400, 11-28-83. WOCU.

XC: BLM-R(O+6), CEN RCDS, ACCTG, MAT CONT, OPS(FILE), MIDLAND, ROSWELL, PARTNERS ____ Set @ _____ Ft. Subsurface Safety Valve: Manu. and Type _ _____ 18. I hereby certify that the foregoing is true and $correct_{REGULATORY}$ _ DATE <u>11-29-83</u> TITLE COORDINATOR ACCEPTED FOR RECORD (ORIG. SGD.) DAVID R. GEASS DATE CONDITIONS OF APPROVALE ANY 1983