MM OIL CONS. COMMISSION

Drawer DD

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES Artesia., NM	8821
DEPARTMENT OF THE INTERIOR	

5. LEASE NM-36647

-						
Б.	IF	INDIA	N ALL	OTTEF	OR TRU	RF NAMI

011110011					
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

GEOLOGICAL SURVEY

(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 gas well \mathbf{x} other well

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: 660' FSL & 1980' FEL

AT TOP PROD. INTERVAL: AT TOTAL DEPTH: same

same

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

NAMERECEIVED BY 7. UNIT AGREEMEN

8. FARM OR LEASE NAME SEP 14 1983 Macho Federa

9. WELL NO. 5

O. C. D. ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

West Pecos Slope ABO

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

Sec 6, T7S, R23E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4025' GR

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)

4 1/2" CSG & Cement

SUBSEQUENT REPORT OF:

lts of multiple completion or zone

MAY 3 1 K

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statewall 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 3200' on 5-24-83. Ran 80 its 4 1/2" 10.5#, K-55, ST&C Casing set at 3200'. Cemented with 430 sx "C" + 5 # KCL + 2/10% D-31 + 3/10% D-19. PD at 1800 5-25-83. Cement did not circulate. Released rig at 2200 5-25-83.

XC: BLM-R (0+6), CEN RCDS, ACCTG, MAT CONT, OPS(FILE), MIDLAND, ROSWELL, PARTNERS

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct

REGULATORY

COORDINATOR

DATE

MAY 27, 1983

Set @

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO