

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☒ other ☐
well 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 & 990' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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* ☐

SUBSEQUENT REPORT OF:

(other) Spud, 8 5/8" csg & cement

5. LEASE
NM-36653
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Carol Fed Com
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
West Pecos Slope ABO
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 24, T7S, R22E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4058' 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.)*

Spudded well with 12" hole on 5-27-83. Drilled to 1200' and ran 30 jts 8 5/8" 24#, K-55, ST&C casing set at 1200'. Cemented with 450 sx "C" + 10% Gypseal + 2% CaCl + 1/4# cello-flakes and tailed in with 200 sx "C" + 2% CaCl. PD at 1000 5-29-83. Cement did not circulate. Ran temp survey -- TOC at 570. Set four plugs with a total of 450 sx "C" + 4% CaCl + 25 yds redi-mix to circulate cement. Tested BOPs and casing to 600 psi for 30 min -- ok. Reduced hole to 7 7/8" and drilled ahead on 5-30-83. WOC total of 28 1/2 hours.

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

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

SIGNED R. E. Markes TITLE COORDINATOR DATE 6-1-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD**JUL 13 1983**

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

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO