

C/S Z

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 ☐

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 & 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input checked="" type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

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 measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to drill 14 3/4" hole to 950' and set 10 3/4" csg and cement to surface. Will then reduce hole to 7 7/8" and drill to TD. If lost circulation is encountered, will ream out hole to 9 7/8" and run 7 5/8" or 7" casing to 1800' or below hole problems and tie back to surface casing.

XC: BLM-R (O+6), CEN RCDS, ACCTG, MAT CONT, OPS(FILE), ROSWELL(2), MIDLAND, PARTNERS

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

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

SIGNED R. E. Mark TITLE REGULATORY COORDINATOR DATE 11-1-83

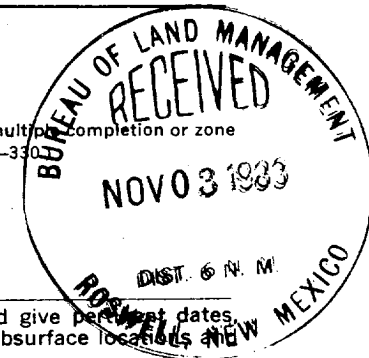
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
R. Ritschke
NOV 3 1983

*See Instructions on Reverse Side

5. LEASE NM-25473
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Travis Fed Com
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Pecos Slope Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T6S, R26E
12. COUNTY OR PARISH Chaves
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3659' GR



(NOTE: Report results of multiple completion or zone change on Form 9-330)