

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 ☐ well gas ☒ well other

2. NAME OF OPERATOR
Mesa Petroleum Co.

3. ADDRESS OF OPERATOR
P. O. Box 2009/Amarillo, TX 79109

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL & 1650' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Spud, 10 3/4" csg & cement

5. LEASE
NM-34649

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Monaghan Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Unders, Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T9S, R25E

12. COUNTY OR PARISH | 13. STATE
Chaves | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3553' 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 14 3/4" hole on 1-5-84. Drilled to 930' and ran 23 jts 10 3/4", 40.5#, K55, butts casing set at 930'. Cemented with 500 sx "C" + 10% Gypseal + 4% CaCl and tailed in with 200 sx "C" + 2% CaCl. PD at 1600, 1-7-84. Circulated 130 sx to surface. Tested BOP's and csg to 600 psi for 30 min. -- ok. Reduced hole to 7 7/8" and drilled ahead on 1-8-84. WOC total of 18 hours.

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

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

SIGNED R. P. Martin TITLE Regulatory Coordinator DATE 1-10-84

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1984

XC: BLM-R(046), GEN RCDS, ACCTG, OPS(FILE), MIDLAND, ROSWELL, PARTNERS

*See Instructions on Reverse Side