Form -331 Dec. 973 JUN 19 1984 JUN 19 1984 Drawer DD Artesia, NM 8 OFPAR DMENT OF THE INTERIOR ARTESIA, GEOFÓGICAL SURVEY	OMM1 SION Form Approved. Budget Bureau No. 42-R1424 5. LEASE NM - 34649 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas well other	Monaghan Federal
2. NAME OF OPERATOR	9. WELL NO. 1
Mesa Petroleum Co.	10. FIELD OR WILDCAT NAME Undes. Pecos Slope Abo
 3. ADDRESS OF OPERATOR P. O. Box 2009/Amarillo, TX 79189 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 990' FNL & 1650' FWL	Sec. 10, T9S, R25E
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same	12. COUNTY OR PARISH Chaves13. STATE NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* Drilled 7 7/8" hole to TD of 4200' on 1-13-84. After logging received verbal permission to P&A well and proceeded as follows: Set 30 sx "C" + 2% CaCl from 3735' to 3635' across top of ABO @ 3685'. Set 30 sx "C" + 2% CaCl from 980' to 1350' across top of Glorieta @ 1410'. Set 40 sx "C" + 2% CaCl from 100' to surface. Installed dry hole marker. Released rig @ 1800. Well 1s P&A 1-14-84.	
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct Regulatory Coo	- · ·
SIGNED R. P. Mathul TITLE Regulatory Coordinator 1-17-84 APPROVED (This space for Federal or State office use) Image: Sgd.) PETER W. CHESTER TITLE DATE CONDITIONS OF APPROVAL IF ANY: DATE Image: Sgd.)	
XC: BLM-R(0+6), CEN RCDS, ACCTG, OPS(FILE), MIDLAND, ROSWELL, PARTNERS	
*See Instructions on Reverse Side	