

UN ~~MOCC COPY~~ STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)FE
reCopy to S. F.
Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 8436-A
2. NAME OF OPERATOR Mesa Petroleum Co ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1000 Vaughn Building - Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL		8. FARM OR LEASE NAME Diamond Mound Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3597'		10. FIELD AND POOL, OR WILDCAT Und. Atoka-Morrow
O. C. C. ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1, T16S, R27E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud and casing test	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 17½" hole at 1:30 PM 2-11-78. Drilled to 360' on 2-12-78. Ran 9 joints 13-3/8" 48# H-40 ST&C casing (tally 364.95'). Shoe at 360', baffle at 320', with centralizer on middle of joint #1 and top of joint #3 & #5. Cemented with 425 sx Class "C" + 2% cc. Had full returns. Circulated estimated 125 sx to pit. P.D. at 6:45 PM 2-12-78. WOC 10-3/4 hrs. Tested casing to 600 psi - 30 minutes - ok. Reduced hole to 11" and drilled ahead.

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

SIGNED Wicki HarrisonTITLE AgentDATE 2-14-78

(This space for Federal or State office use)

APPROVED BY Lee J. LaraTITLE ACTING DISTRICT ENGINEERDATE FEB 27 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

XC: JLF, JWH, MEC, FILE, USGS, W.I.OWNERS