

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction re-
verse side)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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 8436-A	
2. NAME OF OPERATOR MESA PETROLEUM CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED MAR 03 1981	
3. ADDRESS OF OPERATOR 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701		7. UNIT AGREEMENT NAME C.C.D.	
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 ARTESIA, OFFICE DIAMOND MOUND FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3597' GR		10. FIELD AND POOL, OR WILDCAT DIAMOND MOUND ATOKA	
		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 COMPLETION	<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 checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

Commenced workover to run casing inspection and bring cement up to the intermediate casing on 1-10-81. Log indicated possible holes from 5114'---5495' with corrosion pitting to 6100'. Perf'd 2 holes at 6749'. Squeezed 100 gals mud flush followed by 400 sx "C" + 18% salt out 8 5/8" x 4 1/2" annulus. Tagged cement at 6630'. Set retainer at 5008' and attempted to circulate through holes in casing from 5114'---5468'. Unable to establish circulation. Pumped 150 sx "C". Perforated 2 holes at 4820'. Set RTTS packer at 4410' and pumped 200 gals mud flush followed by 900 sx Lt + 4# gilsonite + 1/4# flocele and 100 sx "C" + 2% CaCl through holes at 4820'. Circulated 45 sx to pit. Drilled cement and retainer to 6765', fell free. Reversed sand off of production packer at 8690'. Turned well down sales line on 1-28-81.

XC: USGS (6), TLS, CEN RCDS, ACCTG, HOBBS, MEC, LAND, PARTNERS, FILE

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

SIGNED R. E. Nault TITLE REGULATORY COORDINATOR DATE FEBRUARY 25, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE

FEB 27 1981

U.S. GEOLOGICAL SURVEY
BOWEN NEW MEXICO

*See Instructions on Reverse Side