

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM-7066	
2. NAME OF OPERATOR Mesa Petroleum Co. ✓		JUN 4 1981		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1000 Vaughn Bldg. / Midland, TX 79701		O. C. D.		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 660' FNL & 1980' FWL		ARRESTA OFFICE		8. FARM OR LEASE NAME Williamson Federal Com	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3652' RKB 3637' GR		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Undesignated Atoka	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12, T16S, R27E	
				12. COUNTY OR PARISH Eddy	
				13. STATE New Mexico	

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

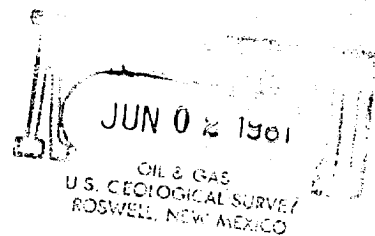
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Bring cmt up to intermediate csg.

(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.)*

Propose to run casing inspection log from 1000' below cement top to 8-5/8" casing. If log indicates corrosion across uncemented pipe, circulate cement up to intermediate casing. Drill out cement. Circulate hole w/2% KCL water treated with corrosion inhibitor.



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

SIGNED Cathy Wilkerson TITLE Production Records Analyst DATE 5/28/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side

APPROVED

DATE JUN 2 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR