

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED**

(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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Mesa Petroleum Co. ✓</p> <p>3. ADDRESS OF OPERATOR 1000 Vaughn Building / Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FNL &amp; 1650' FEL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-7066</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Wells Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT, DIAMOND MOUND, ATOKA Undesignated</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T16S, R27E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GR

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) <u>8-5/8" Casing</u> <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.)\*

Drilled 11" hole to 1,587' on 10-10-79. Ran 52 jts 8-5/8", 24#, K55, ST&C casing, guide shoe at 1,587', float collar at 1,528', centralizers on 1st, 3rd, & 5th jts. Cement baskets at 793' & 692' with centralizer below each basket. Circulated thru the casing then cemented with 200 sx Thick-set + 1/4# Flocele + 5# Gilsonite. Followed with 650 sx Howco lite + 1/4# Flocele + 5# Gilsonite + 2% CaCl. Tailed in with 200 sx "C" + 1/4# Flocele + 2% CaCl. PD at 1:45 PM on 10-10-79. Circulated 200 sx. BP with 800 psi - held ok. WOC total of 18-1/2 hours. Tested blind rams & choke manifold to 1500 psi - ok. Drilled the plug, float collar, and 60 feet of cement and then tested Hydril to 1000 psi - ok; pipe rams to 1500 psi - ok. Reduced hole to 7-7/8" and drilled ahead on 10-11-79.

**RECEIVED**

**OCT 15 1979**

**U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

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

SIGNED R. P. Markis TITLE Regulatory Coordinator DATE 10-12-79

(This space (Or Federal or State office use)  
APPROVED BY GEORGE H. STEWART TITLE \_\_\_\_\_ DATE OCT 15 1979  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side