

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM

5. LEASE
NM-025527
86210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Willis Federal Com.

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Logan Draw Morrow

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 28, T17S, R27E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3423.7' GR

WLSF
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.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Mesa Petroleum Co. ✓

3. ADDRESS OF OPERATOR

1000 Vaughn Bldg. / Midland, TX 79701-4493

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2130' FNL & 1650' FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

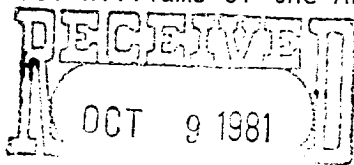
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(other) /X/ Bring risers up on 13-3/8" & 8-5/8" csg.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

On 8/26/81, risers were brought up on the 13-3/8" casing and the 8-5/8" casing, and the cellars were filled with pea gravel. Work was inspected by Michael Williams of the Artesia NMOC.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Cathy Wilkerson TITLE Prod. Recds. Analyst DATE 10/6/81

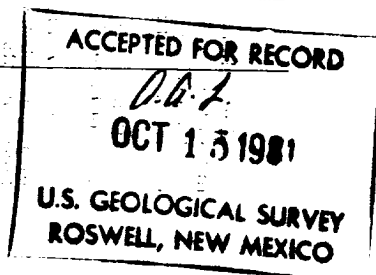
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

XC: USGS, TLS, MEC, LAND, CNT RECDS, ACCTG, D&M, PARTNERS, FILE

*See Instructions on Reverse Side



RECEIVED 1960

(1960)

FORWARDED TO
OFFICE OF THE
DIRECTOR, ARMY