

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88201

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR
Mesa Petroleum Co.

3. ADDRESS OF OPERATOR
P. O. Box 2009 / Amarillo, Texas 79189

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1485' FNL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Spud, 13 3/8" csg, & cement

5. LEASE
NM-18831

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Depco Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Diamond Mound Atoka-Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T16S, R28E

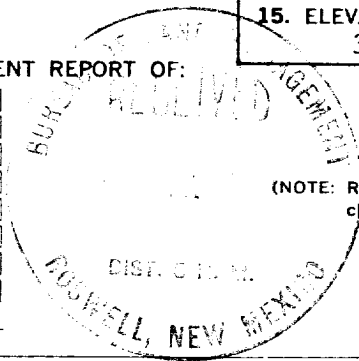
12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3650' GR

RECEIVED BY
OCT 19 1983
O. C. D.
ARTESIA, OFFICE



(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.)*

Spudded well with 17 1/2" hole on 10-3-83. Drilled to 475' and set 12 joints 13 3/8", 61#, K-55, BUTT casing set at 475'. Cemented with 150 sx "C" + 4% gel + 2% CaCl + 1/4# COF and tailed in with 300 sx "C" + 2% CaCl. Plugged down at 1600, 10-4-83. Circulated 100 sx. Tested BOPs and casing to 1000 psi - ok. Reduced hole to 12 1/4" and drilled ahead on 10-6-83. WOC total of 57 1/2 hours.

XC: BLM-R (0+6), CEN RCDS, ACCTG, MAT CONT, OPS(FILE), PARTNERS, ROSWELL, MIDLAND

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

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

SIGNED R. E. Mathis TITLE Regulatory Coordinator DATE 10-7-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

OCT 17 1983

ROSWELL, NEW MEXICO