

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to deepen or to deepen to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other

FEB 21 1983

2. NAME OF OPERATOR

Mesa Petroleum Co.

O. C. D.

3. ADDRESS OF OPERATOR

ARTESIA, OFFICE

P.O. Box 2009/Amarillo, Texas 79189

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

AT SURFACE: 1650' FNL & 1650' FWL

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* ☐

(other) Add "E" to well number

5. LEASE
NM-19593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Strong Fed Com

9. WELL NO.

21

10. FIELD OR WILDCAT NAME

White City Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 34, T24S, R26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

30-015-24094

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3321.4 GR

(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.)*

In compliance with state of New Mexico rules regarding Infill wells, please add the letter designation "E" to the well number to denote that a tax number has already been assigned to this well. This well is in the same proration unit as the Strong Fed Com #1.

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

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

SIGNED *R. S. Mathis*

Regulatory

Coordinator

DATE 2-18-83

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

XC: MMS-R (O+6), NMOCD-A, CEN RCDS, ACCTG, PROD RCDS, OPS (FILE), GAS CONT, ENG, MIDLAND, HOBBS, PARTNERS

*See Instructions on Reverse Side