

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 87010

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
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Add "E" to well number

5. LEASE
NM-19593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME
Strong Fed Com FEB 28 1983

9. WELL NO.
25 O. C. D.

10. FIELD OR WILDCAT NAME
ARTESIA, OFFICE
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. P. Mathis TITLE Regulatory Coordinator DATE 2-18-83

ACCEPTED FOR RECORD (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

XC: MMS-R (0+6), NMOCD-A, CEN RCDS, ACCTG, PROD RCDS, OPS (FILE), GAS CONT,
ENG. MIDLAND, HOBBS, PARTNERS
MINERAL MANAGEMENT SERVICE
ROSWELL, NEW MEXICO *See Instructions on Reverse Side