

UNITED STATES NM OIL CONS. COM. USE
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM-19593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME

Strong Fed Co

9. WELL NO.

1E

O. C. D.

10. FIELD OR WILDCAT AREA, 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

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 ☒
well well other2. 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)	<input type="checkbox"/>	<input type="checkbox"/>

change well number

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

MAR 14 1983

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.)*

Federal Form 9-329 and State of New Mexico Form C155 require that production from an infill well be accounted for under the parent well's number. It is therefore requested that all interested parties change subject well number to "1E" from 2E as originally numbered.

Posted FD-3
3-18-83
chg. Well name

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

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

SIGNED R. F. Madris TITLE Regulatory Coordinator DATE March 10, 1983

APPROVED

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

XC: BLM-R (0+6). NMOCD-A, CEN RCDS, ACCTG, PROD RCDS (FILE), GAS CONT, RES ENG, MIDLAND, HORBS, PARTNERS

DISTRICT SUPERVISOR

*See Instructions on Reverse Side