Form 9-331 Dec. 1973 NM OIL CONS. COMMISS Drawer DD	Form Approved. Budget Bureau No. 42–R1424
UNITED STATE Statesia, NM \$821 DEPARTMENT OF THE INTERIOR	5. LEASE NM-19593
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME RECEIVED BY
(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.)	8. FARM OR LEASE NAME SEP 3 0 1983
1. oil gas well well states other	
2. NAME OF OPERATOR Mesa Petroleum Co.	
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME White City Penn
P.O. Box 2009 / Amarillo, Texas 79189 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	<u>Sec 34, T24S, R26E</u>
AT SURFACE: 1650' FNL & 1650' FWL AT TOP PROD. INTERVAL: same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: same	Eddy New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-015-24094
REFORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3321.4' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	ARTEM DECERTOR
Shoot or acidize	
REPAIR WELL	(NOTE: Report results of multiple completion or nome
	change n Form 9-330.)
	5 1 1983 ^{MAY 3} 1 1983
	& GAS OIL & GAS
(other) OIL	& GAS UTL & GAS
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (CDOGWELLIENEW: MEXICO: details, and give MEWIMER: 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.)* Commenced fracture treatment of Morrow perfs from 10,846'-11,437' on 5-18-83 as follows: Pumped 5000 Scf N ₂ pad, followed with 5000 gal 7 1/2% MS acid + 1000 Scf/bbl N ₂ + 70 BS. Flushed with 33 bbls 2% KCL. Opened well on 20/64" choke to pit to response to and well as a solution of the solution of t	
pit to recover load. Returned well to sales on 5-19-83 at 1422 MCFGPD and 8 BWPD with FTP of 700 psi on 18/64" choke.	
Note: Prior to stimulation well had declined to 360 MCFGPD at FTP of 650 psi.	
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct REGULATOR SIGNED R. P. Mathia TITLE ACCEPTED FOR RECORD (This space for Federal or State official of State o	Y OR MAY 26, 1983
ACCEPTED FOR RECORD (This space for Federal or State offi	ce use)
APPROVED BY PETER W. CHESTER TILE	DATE
CONDITIONS OF APPROVAL, IF ANY: SEP 29 1983 XC: BLM-R (0+6), CEN RCDS, AAQCTG, PROD RCDS	
•See Instructions on Reverse S	lae
and the second	

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