UNITED STATES EDADTMENT OF THE INTERIOR

5.	LEASE
	NM 20304
	IT INDIAN ALLOTTEE OF TRIRE NAME

DEPARTMENT OF THE INTERIOR	NM ZU3U4
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a therefore eservoir. Use Form 9–331–C for such proposals.	8. FARM OR LEASE NAME
1. oil G gas G JUN 171	ggf South Blanco Federal 23
well IX well other Other	Î 9. WELL NO. DML #
2. NAME OF OPERATOR \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
Mesa Petroleum Co.	Lybrook Gallup Extension
3. ADDRESS OF OPERATOR 1660 Lincoln St., #2800 Denver CO 80264	11. SEC., T., R., M., OR BLK. AND SURVEY OR
1660 Lincoln St., #2800 Denver CO 80264 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
halow)	Sec. 23-T24N-R8W
AT SURFACE: 795' FSL & 715' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH: Same	14. API NO.
 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6841 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	004, 02
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE U	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES	
ARANDON*	
(other) Production Casing Report X	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	
Drilled 7 7/8" hole to 5700' TD. Ran 140 jor STC production casing to 5686'. Cemented 1st mix containing 6% Gel and 6 1/2#/sack gilson Cemented 2nd stage with 400 sacks Light cements sonite, tailed with 100 sacks 50/50 Pozmix controllation. Tested casing to 3000 psi, hele estimated at 4690' and cement top of 2nd stage.	ite, had good circulation. nt containing 6 1/4#/sack gil- ontaining 2% CaCl . Had good d okay. Cement top of 1st stage
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Regulatory (This space for Federal or State	Coord. DATE June 11, 1981
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	e Andrews Communication (Communication)
Atan	

NMOCC
*See Instructions on Reverse Side

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