

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 579, Flora Vista, N.M. 87415
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 510/S;660/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Reseeded ☒

SUBSEQUENT REPORT OF:

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RECEIVED

OCT 14 1982

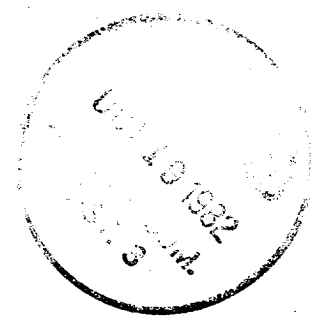
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE NM 12233
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME South Blanco Federal 25
9. WELL NO. 3
10. FIELD OR WILDCAT NAME Lybrook Gallup Ext
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-24N-8W
12. COUNTY OR PARISH San Juan 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6857 GL

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.)*

Reseeded Pipeline right-of-way and location.



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

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

SIGNED Charlie James TITLE Drilg&Prod. Foreman DATE 9-23-82

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 17 1982

FARMINGTON DISTRICT *See Instructions on Reverse Side
BY JK

NMOCQ