

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE N00-C-14-20-8457
2. NAME OF OPERATOR Mesa Petroleum Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 1660 Lincoln St., #2800, Denver CO 80264	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1970' FNL, 380' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME South Blanco Navajo 27
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 2
	10. FIELD OR WILDCAT NAME Lybrook Gallup Extension
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA H Sec. 27, T24N, R8W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6803' GR

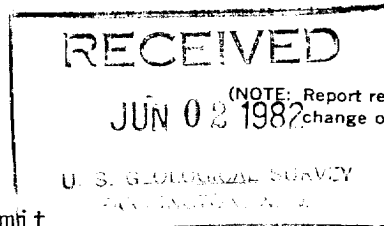
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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(other) Request to Extend Drilling Permit

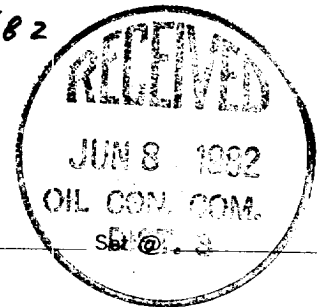


(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

The approved permit to drill subject well expires on June 4, 1982. In evaluating our drilling program for 1982, this well is not scheduled to be drilled until the fourth quarter of 1982. We therefore ask that the drilling permit for this well be extended for as long as federal regulations will allow.

extended to 12/4/82



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Reg. Coordinator DATE May 25, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

JUN 1 1982

[Signature]
DISTRICT ENGINEER