

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

1660 Lincoln St., #2800 Denver CO 80264

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1950' FNL & 1950' FWL

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) Production Casing Report ☒

SUBSEQUENT REPORT OF:

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RECEIVED

AUG 24 1981

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

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

AUG 24 1981
OIL CON. DIST.

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.)*

Drilled a 7 7/8" hole to total depth of 5655'. Ran 138 joints new 4 1/2" 10.5 #/ft. K-55 STC production casing to 5654'. Cemented 1st stage with 20 bbls. preflush, 350 sacks 50/50 Pozmix containing 2% gel. Cemented 2nd stage with 20 bbls. scavenger slurry followed by 425 sacks 65/35 Pozmix containing 5% Gel and 6 1/4#/sack gilsonite. Tailed in with 100 sacks 50/50 Pozmix containing 2% Gel and 6 1/4#/sack gilsonite. Circulated 20 bbls. to surface.

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

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

SIGNED Randy Nordman TITLE Regulatory Coord. DATE August 24, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC

BY SMM