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UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

| Form Approved. |
|---------------------------------------------------------------------------------------------------------------------------|
| Budget Bureau No. 42-R1424 |
| 5. LEASE NM 12233 |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 7. UNIT AGREEMENT NAME |
| 8. FARM OR LEASE NAME |
| South Blanco Federal 26 |
| 9. WELL NO. #6 |
| 10. FIELD OR WILDCAT NAME |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| AREA 26-24N-8W |
| 12. COUNTY OR PARISH 13. STATE |
| 14. API NO. |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| 6867-6 |
| EIVED |
| 1 4 1982 (NOTE: Report results of multiple completion or zone |
| change on Form 9-330.) OGICAL SURVEY NGTON, N. M. |
| |
| |
| e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and it to this work.)* |
| 1. |
| PED |
| 3, 20, C/ |
| |

| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|
| reservoir. Use Form 9–331–C for such proposals.) | | | |
| 1. oil gas n | South Blanco Federal 26 | | |
| well well other | 9. WELL NO. | | |
| 2. NAME OF OPERATOR | #6 | | |
| Mesa Petroleum Co. | 10. FIELD OR WILDCAT NAME | | |
| 3. ADDRESS OF OPERATOR | e · | | |
| P.O Box 579 Flora Vista, NM 87415 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA | | |
| halow) | 26-24N-8W | | |
| AT SURFACE: 830/N;670/E | 12. COUNTY OR PARISH 13. STATE NM | | |
| AT TOP PROD. INTERVAL: | San Juan NH | | |
| AT TOTAL DEPTH: | 14. API NO. | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |
| DECUEST FOR APPROVAL TO. CURSEOUENT DETENT OF | 6967-GL | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF THE TEST WATER SHUT-OFF | EIVED | | |
| FRACTURE TREAT | | | |
| - · · · · · · · · · · · · · · · · · · · | 1 4 1982 | | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone | | |
| PULL OR ALTER CASING | change on Form 9-330.) | | |
| MULTIPLE COMPLETE U. S. GEOL | LOGICAL SURVEY | | |
| ABANDON* | | | |
| (other) Reseeded | | | |
| X | | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d | | | |

measured and true vertical depths for all markers and zones pe

Reseeded Pipeline right-of-way and loca



| Subsurface Safety Valve: Manu. and Type | | | Set @ | Ft. |
|------------------------------------------------|--------------------------------|----------------|---------|-------------|
| 18. I hereby certify that the foregoing is tri | | | | |
| SIGNED MURILL James | | Foreman DATE | 9-24-82 | |
| | (This space for Federal or Sta | te office use) | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE | | |

AGGEPTED FOR DECORD

*See Instructions on Reverse Side

NMOCC

OUT 2 1 1982

FARMINGT BY _____