

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079295

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

12E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

23-26N-6W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

1. OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

Mesa Petroleum Co.

3. ADDRESS OF OPERATOR

1660 Lincoln Street, Suite 2800, Denver, CO 80264

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 1620' FSL and 930' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6709' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Spud and Cement & test BOP ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

This well spudded at 6:00 PM 11/16/80. A 12¼" hole was drilled to 324'. Ran 7 joints of 8 5/8" 24# K-55 STC (New) casing set at 313' KB. Cemented with 225 sxs Class "B" cement, 2% CaCl, 1/4# per sack floseal. Plug down at 2:50 AM 11/17/80. Good circulation throughout, circulated 100 sacks of cement to the surface. Tested BOP to 1000 psi for 30" - OK.



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

SIGNED

TITLE Division Drilling Supervisor DATE 11/18/80

(This space for Federal (or State office use))

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BW

*See Instructions on Reverse Side

NMOCC