

~~N. M. OIL CONS. COMMISSION~~  
~~R. O. BOX 1023~~  
~~HOBBS, NEW MEXICO 88240~~

Form Approved.  
Budget Bureau No. 42-R1424

c/SF

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON REVENUES**

(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  
1000 Vaughn Bldg. / Midland TX 79701-4493
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FSL & 1980' FWL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO:      SUBSEQUENT REPORT OF:
- |                      |                          |                                     |
|----------------------|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/>            |
| FRACTURE TREAT       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/>            |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/>            |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/>            |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/>            |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/>            |
| (other)              | <input type="checkbox"/> | <input type="checkbox"/>            |

5. LEASE  
NM-22615
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Camack Federal
9. WELL NO.  
3
10. FIELD OR WILDCAT NAME  
Undesignated Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 12, T5S, R24E
12. COUNTY OR PARISH      13. STATE  
Chaves      New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3898.9' GR

RECEIVED  
JUN 16 1982  
NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210  
C. D.  
ARTESIA OFFICE

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

RECEIVED  
JUN 10 1981

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.)\*

Workover commenced 11/17/81. MIRU well service rig; POH with tbq. RU wireline and pump truck. Pumped 150 bbls 2% KCL wtr down well for logging. Ran CBL from PBTD @ 3939' to 2900'. Log showed good cement bond over all Abo perfs. Ran tbq back in hole, S/N at 3520'. RU wireline and ran base temperature and gamma ray logs. Temperature tool failed. Gamma ray indicated fluid went into perfs 3836-40', 3845-63', 3874-79', 3886-3903', and 3923-26'. Fraced Abo perfs 3683-3926' w/150,000 gals 50/50 X-linked gel & CO<sub>2</sub> using 10,000# 100 mesh sand, 310,000# 20/40 sand. Ran temperature and gamma ray logs. Tagged fill @ 3910'; perfs 3923-26' covered. Logs indicated all zones were treated. Flowed to recover frac load. On 21 hr. test, flowed @ rate of 526 mcfpd on 32/64" choke w/160 psi TP & 180 psi CP. Turned down sales line @ 10:00 A.M. 11/30/81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Cathy Wilkerson TITLE Prod. Rec. Analyst DATE 12/28/81

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

XC: USGS(3), TLS, MEC, LAND, REM, CNT RCDS, ACCTG, PARTNERS, FILE

ACCEPTED FOR RECORD  
JUN 14 1982  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side