

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 ☐ I & A

2. NAME OF OPERATOR
Mesa Petroleum Co.

3. ADDRESS OF OPERATOR
P. O. Box 2009 / Amarillo, TX 79109

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1650' FEL
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 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 checked="" type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Commenced P&A as follows on 9-21-83:

Set CIBP @ 2655' plus 25 sx "C".
Set 25 sx "C" from 1646' to 1546'.
Set 25 sx "C" from 150' to surface.
Installed Dry Hole Marker. Well P&A 9-21-83.

MIDLAND, ROSWELL, PARTNERS
XC: BLM-R(0+6), CEN RCDS, ACCTG, MAT CONT, GAS CONT, RES ENG, PROD RCDS(FILE),
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED R. E. Mader TITLE REGULATORY COORDINATOR DATE 9-22-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

5. LEASE
NM-36652

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Barn Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
West Pecos Slope Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T8S, R22E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3985.5 GR

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

APPROVED
PETER W. CHESTER
FEB. 9 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA