

N.M.O.C.D. COPY

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
1000 VAUGHN BLDG. MIDLAND, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: SAME

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) TD, 4 1/2" csg & Cement

SUBSEQUENT REPORT OF:

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☐
☐

AUG 6 1981

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

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 7-7/8" hole to TD of 4400' on 8-3-81. Ran 108 jts 4 1/2", 10.5#, K55 casing set at 4400'. Cemented with 650 sx HLW + 10# salt + 1/4# flocele and tailed in with 450 sx 50-50 Pozmix + 8# salt + 2% Gel + 3/10% CFR-2. PD at 9:00 P.M. 8-4-81. Circulated 50 sx. Rig released at 6:00 a.m. 8-5-81. WOCU estimated to arrive 8-17-81.

xc: USGS (3), TLS, CEN RCDS, ACCTG, MEC, PARTNERS, ROSWELL, FILE

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

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

SIGNED R. E. Martin TITLE REGULATORY COORDINATOR DATE 8-5-81

ACCEPTED FOR RECORD
ROGER A. CHAPMAN (This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 7 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side