

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 BUILDING/MIDLAND TX 79701-4493

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1800' FNL & 660' FWL
AT SURFACE:
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, 4½" csg & cmt

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-36648

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
CHINA FEDERAL

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
UNDESIGNATED ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 18, T7S, R23E

12. COUNTY OR PARISH
CHAVES

13. STATE
NEW MEXICO

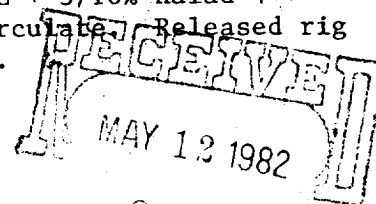
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4175.8' GR

(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 3400' on 5-9-82. Ran 104 jts 4½", 10.5#, K-55 casing set at 3198'. Cemented with 300 sxs "C" + 5# KCL + 3/10% Halad-4 + 2/10% CFR-2. PD @ 1:00 PM, 5-10-82. Cement did not circulate. Released rig at 11:59 PM, 5-10-82. WOCU estimated to arrive 5-24-82.



XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM, FILE, (PARTNERS)

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

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

SIGNED R. P. Mark TITLE REGULATORY COORDINATOR DATE 5-11-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE _____ DATE _____