NM OIL CONS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

UNITED STATESArtesia, NM 88210

5. LEASE NM-36648

6. IF INDIAN, ALLOTTEE OR TRIBE NAMERECEIVED

\mathcal{C}	/	5	F

well

below.)

AT SURFACE:

AT TOTAL DEPTH:

2. NAME OF OPERATOR MESA PETROLEUM CO. 3. ADDRESS OF OPERATOR

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

other

1000 VAUGHN BUILDING/MIDLAND TX 79701-4493 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

1850' FNL & 660' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

SAME

7.	UNIT	AGRE	EMENT	NAME

APR 3 0 1982

8.	FARM C	RL	EAS.	SE I	1AV	1
	CHINA	FF	EDE	RA	L	

9.	W	ELI	L N	0.

ARTESIA, OFFICE

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

SEC 17, T7S, R23E

12. COUNTY OR PARISH 13. STATE CHAVES

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) $4041.5'~\mathrm{GR}$

REQUEST	FOR	APPROVAL	TO:
•			

REPORT, OR OTHER DATA

AT TOP PROD. INTERVAL:

reservoir. Use Form 9-331-C for such proposals.)

[X]

gas

well

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

ABANDON* 412" csg &

(other)

SUBSEQUENT REPORT OF:

1982

sults of multiple completion or zone change pr 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 3403' on 4-21-82. Ran 84 jts $4\frac{1}{2}$ ", 10.5#, K-55 casing set at 3403'. Cemented with 350 sxs Class "C" + 3/10% Halad-4 + 2/10% CFR-2 + 5# KCL. Plug down at 6:30 PM, 4-21-82. Cement did not circulate. Released rig at 6:00 AM, 4-22-82. WOCU estimated to arrive 4-29-82.

ACCEPTED FO XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL) Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLEREGULATORY P.P. Mox SIGNED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE