

NM OIL CONS. COMMISSION

Drawer DD  
Artesia, NM 88210

Form Approved.  
Budget Bureau No. 42-R1424

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.)

420' FSL & 1360' FEL

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 ☐

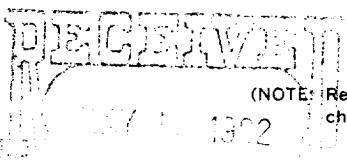
CHANGE ZONES ☐

ABANDON\* ☐

(other) TD, 4 1/2" csg & cmt

SUBSEQUENT REPORT OF:

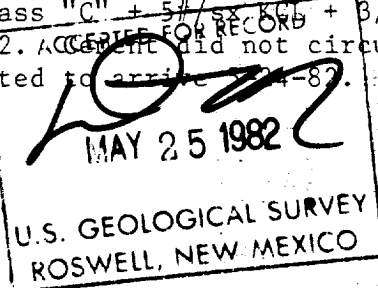
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 5-11-82. Ran 102 jts 4 1/2", 10.5#, K-55 casing set at 3153'. Cemented with 325 sxs Class "C" + 5#/sxs KCL + 3/10% Halad-4 + 2/10% CFR-2. PD at 11:00 AM, 5-12-82. ACCIDENT did not circulate. Released rig at 6:00 PM, 5-12-82. 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. E. Math TITLE REGULATORY COORDINATOR 5-13-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: