NM OIL COMS. COMMISSION Drawer DD Artesia, NM 88210

SF/ Feli

Form Approved.

Budget Bureau No. 42-R1424

Form 9-331 Dec. 1973

JUN 7 1982NITED STATES 5. LEASE ASE NM-36647 DEPARTMENT OF THE INTERIOR <u>\_</u> 6. IF INDIAN, ALLOTTÉE OR TRIBE NAMÉ O. C. DEOLOGICAL SURVEY ARTESIA, OFFICE ē <u>9</u> 7. UNIT AGREEMENT: NAME 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.) 5 to 1 8. FARM OR LEASE NAME MACHO FEDERAL # well of gain other 9. WELL NO. well - 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME & MESA PETROLEUM CO UNDESIGNATED EABO 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR 1000 VAUGHN BUILDING/MIDLAND TX 79701-4493 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 SEC 8, T7S, R23E below.) 2080' FSL & 1500' FWL 12. COUNTY OR PARISH 13. STATE 2 AT SURFACE: AT TOP PROD. INTERVAL: CHAVES 2 % E NEW MEXICO AT TOTAL DEPTH: SAME 14. API NO. Ģ 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4037.2' GR 8 - -SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion-or zone REPAIR WELL change on Form 9-330.) 300 PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) TD, csg & cmt 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.)\* 表卷扩片 海炎於 Drilled 7 7/8" hole to 3200' on 5-29-82. Ran 100 jts  $4\frac{1}{2}$ ", 10.5 $\frac{\pi}{4}$ , K-55 casing set at 3100'. Cemented with 350 sxs Class "C" + 5#/sx KCL + 6/10% Halad-22A + 3/10% CFR-2. PD at 1:30 AM, 5-31-82. Cement did not circulate. Released rig at 6:00 AM, 5-31-82. WOCU estimated to arrive 6-3-82. XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, ROSWELL, REM, FILE, Subsurface Safety Valve: Manu. and Type \_\_\_\_ 18. I hereby certify that the foregoing is true and correct TITLE REGULATORY COORDINATOR SIGNED (This space for Federal or State office use) \_ TITLE . DATE APPROVED BY casult candibles of canos biult suriq secondo casultibus CONDITIONS OF APPROVAL, IF ANY: