

Drawer DD
Artesia, 1 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY RECEIVED

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 ☐ gas ☐ other ☒ P&A

2. NAME OF OPERATOR
Mesa Petroleum Co. ✓

3. ADDRESS OF OPERATOR
P. O. Box 2009 / Amarillo, Texas 79189

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2080' FSL & 1500' FNL
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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) _____	

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.)*

Proceeded with P&A on 11-17-83 as follows:

Set CIBP @ 2825' plus 35' cement.
Loaded hole with 9+ ppm mud and cut 4 1/2" csg @ 2400'.
Recovered 76 jts 4 1/2", 10.5#, K55, ST&C casing plus 2 cutoffs.
Spotted 25 sx "C" from 2450' to 2350' with tubing and tagged TOC @ 2350'.
Spotted 45 sx "C" from 1560' to 1460' across 8 5/8" csg @ 1513'.
Spotted 25 sx "C" from 100' to surface.
Installed dry hole marker. Well is P&A 11-17-83.

XC: BLM-R(0+6), CEN RCDS, ACCTG, MAT CONT, PROD RCDS(FILE), MIDLAND, ROSWELL, PARTNERS, RES ENG, GAS CONT

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

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

SIGNED R. E. Mada TITLE REGULATORY COORDINATOR DATE 11-23-83

APPROVED

(This space for Federal or State office use)

(Orig. 881) PETER W. CHESTER TITLE _____ DATE _____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: 11-23-83