

(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

2. NAME OF OPERATOR
MESA PETROLEUM CO. ✓

3. ADDRESS OF OPERATOR
1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: ~~850'~~ FSL & ~~760'~~ FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) 8-5/8" csg & cement

SUBSEQUENT REPORT OF:

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5. LEASE
NM-40029

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME DEC 14 1981

8. FARM OR LEASE NAME
ALKALI FEDERAL

9. WELL NO.

10. FIELD OR WILDCAT NAME
UNDESIGNATED ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
SEC 22, T5S, R25E

12. COUNTY OR PARISH CHAVES 13. STATE NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3763' 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 11" hole to 1807' and ran 40 jts 8-5/8", 24#, K55 casing set at 1797'. Cemented with 750 sx HLW + 1# Flocele + 4% CaCl, 300 sx This set + 4% CaCl, and tailed in with 250 sx "C" + 2% CaCl. PD at 8:00 a.m. 11-11-81. Circulated 100 sx to surface. Tested BOPs and casing to 600 psi for 30 min - OK. Reduced hole to 7-7/8" and drilled ahead on 11-12-81. WOC total of 18-1/2 hours.

XC: USGS (6), TLS, CEN RCDS, ACCTG, MEC, LAND, PARTNERS, ROSWELL, FILE, REM
Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

SIGNED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

U.S. GEOLOGICAL SURVEY
POSWEN, NEW YORK

REGULATORY COORDINATOR

(This space for Federal or State office use)

TITLE

DATE _____

***See Instructions on Reverse Side**