well

below.)

ABANDON*

(other)

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.)

other

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

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

	NM -	2797	70		
_	IC INDI		OTTER	OO TOLOR	

.	IF INDIAN,	ALLOTT	EE OR TRIBE NAME
			RECEIVED BY

7. UN	IIT AGRI	EEMEI	NT∤ N	AME

NOV 0.9

8. FARM OR LEASE NAME COYOTE FEDERAL

9. WELL NO.

5. LEASE

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

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

AREA SEC 5, T7S, R25E

12. COUNTY OR PARISH 13. STATE CHAVES NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3869' GR

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

gas

well

2. NAME OF OPERATOR MESA PETROLEUM CO.

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

[X]

AT SURFACE: 660' FSL & 660 FEL

SUBSEQUENT REPORT OF:

(NOTE: Report results of multiple completion or zone change on Form 9-330.) U.S. OLOHOOKLAI SURVEY ROSWELL, IC W MEXICO

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.)

Commenced P & A operations on 12-7-81 as follows:

Set 200 sx "c" + 4% CaCl at TD of 1442' Set 200 sx "c" + 4% CaCl at 1375' to 1200'

Set 200 sx "c" + 4% CaCl at 1200' to 800'

Set 300 sx "c" + 4% CaC1 at 800' to surface

Installed Dry Hole Marker. Well P & A 12-8-81.

XC: USGS (6), TLS, CEN RCDS, ACCTG, MEC, REM, PARTNERS, ROSWELL, FILE Subsurface Safety Valve: Manu. and Type _ .. Set @ ..._. 18. I hereby certify that the foregoing is true and correct 12-9-81 TIREGULATORY COORDINATORATE SIGNED (This space for Federal or State office use)

CONDITIONS OF APPROVATE IN NYCHISTING

DATE