

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, TEXAS 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1980' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) spud, 13-3/8" CSG & cement

SUBSEQUENT REPORT OF:

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CIL & GAS
U.S. GEOLOGICAL SURVEY
ROSVEL, NEW MEXICO

(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.)*

Spudded well with 17-1/2" hole on 12-2-81. Hit water at 312' - TSTM. Drilled to 888' and ran 23 jts 13-3/8", 48#, H40 Casing set at 884'. Cemented with 700 sx HLW & 1# Flocele & 4% CaCl, 300 sx Thixset & 4% CaCl, and tailed in with 300 sx "C" & 2% CaCl. PD at 5:30 p.m. 12-3-81. Cement did not circulate. Ran temp survey--T_{OC} at 420'. Set five plugs with a total of 1200 sx "c" & 4% CaCl & LCM to circulate cement. Blew hole dry and waited one hour--no fluid entry. Reduced hole to 12-1/4" and drilled ahead on 12-5-81. WOC 30-1/2 hours.

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

SIGNED

REGULATORY COORDINATOR DATE 12-8-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

TITL E

DATE _____