ととらぎ

well

2. NAME OF OPERATOR

AT SURFACE:

REPAIR WELL

(other)

AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

8 5/8" csg

gas

MESA PETROLEUM CO.

AT TOP PROD. INTERVAL:

3. ADDRESS OF OPERATOR

X

NM OIL COMS. COMMISSION

Form Approved.

Drawer DD

88210

Budget Bureau No. 42-R1424

UNITED STATES DIA TOTAL ACTOR DEPARTMENT OF THE INTERIOR	M
DEPARTMENT OF THE INTERIOR	
GEOLOGICAL SURVEY	

SUNDRY NOTICES AND REPORTS ON WELLS

other

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

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

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

2280' FNL & 1680' FEL

5. LEASE NM\_40029

	M11-4002	J
5.	IF INDIAN,	ALLOTTEE OR TRIBE NAME

7	HNIT	AGRE	<b>EMENT</b>	NAME

00112111 112112	
(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.)	8. FARM OR LEASE NAME
	ALKALI FEDERAL
1 . · · · · · · · · · · · · · · · · · ·	1 1/2/1/1/21 1/2/2/1/1/2

9. WELL NO.

ASTESIA, OFFICE

## 10. FIELD OR WILDCAT NAME UNDESIGNATED ABO

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

SEC 22, T5S, R25E

12. COUNTY OR PARISH 13. STATE NEW MEXICO CHAVES

14. API NO.

ELEVATIONS (SHOW DF, KDB, AND WD) 3696' GR

on Form 9-330.) 🥫

results of multiple completion or zone

REPORT, OR OTHER DA	ATA	15.
UEST FOR APPROVAL TO WATER SHUT-OFF CTURE TREAT OT OR ACIDIZE AIR WELL LOR ALTER CASING TIPLE COMPONENTS.	SUBSEQUENT	DEGETATOR
NGE ZONES NDON*		OIL & GAS U.S. GEOLOGICAL

measured and true vertical depths for all markers and zones pertinent to this work.)\*

SURVEY ROSWELL, NEW 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

Drilled 12 1/4" hole to 1809' and ran 47 jts 8 5/8", 24#, K-55 casing set at 1809'. 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 10:00 a.m. 12-23-81. Circulated 150 sx. WOC 47 hours. Tested BOPs and casing to 600 psi for 30 minutes-ok. Reduced hole to 7 7/8" and drilled ahead on 12-26-81.

XC: USGS (6), TLS, CEN RCDS, Subsurface Safety Valve: Manu. and Type	ACCTG, MEC, REM , PARTNERS, ROSWELL , FILE Set @ F	t.
18. I hereby certify that the Pore from RP type a	nd correct TIREGULATORY COORDINATORATE 12-29-81	-
JAN 1 1 1981 (Th	s space for Federal or State office use)	
APPROVED BY	TITLE DATE	-