

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD

Artesia, NM 88210

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' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

- ☐
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(other) 8 5/8" csg & cement

5. LEASE
NM-16324
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
FEB 24 1982
8. FARM OR LEASE NAME
Charlotte Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Undesignated Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30, T7S, R26E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3580' 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 12 1/4" hole to 1864' and ran 48 jts 8 5/8", 24#, K-55 casing set at 1862'. Cemented with 750 sx HLW + 1# Flocele + 4% CaCl, 300 sx Thixset + 4% CaCl, and tailed in with 300 sx "C" + 2% CaCl. PD at 2:00 p.m. 1-19-82. Circulated 50 sx. Tested BOPs and casing to 600 psi for 30 min.-ok. Reduced hole to 7 7/8" and drilled ahead on 1-20-82. WOC total of 18 hours.

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

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

SIGNED ROBERT A. CHAPMAN REGULATORY COORDINATOR DATE 1-25-82

APPROVED BY FEB 2 1982
CONDITIONS OF APPROVAL IF ANY:

U.S. GEOLOGICAL SURVEY
POSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED
JAN 26 1982
OIL & GAS
U.S. GEOLOGICAL SURVEY
POSWELL, NEW MEXICO