

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

C/SF

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' FSL & 500' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: SAME

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) TD, 4 1/2" CSG & CEMENT

SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS  
U.S. GEOLOGICAL 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 measured and true vertical depths for all markers and zones pertinent to this work.)\*

Drilled 7 7/8" hole to TD of 4295' on 2-26-82. Ran 102 jts 4 1/2", 10.5#, K-55 casing set at 4294'. Cemented with 360 sx "C" + 5# KCL + 3/10% HALAD-4 + 2/10% CFR-2. PD at 2:30 PM 2-27-82. ~~PD @ 2:30 PM 2-27-82~~. Cement did not circulate. Released rig at 6:00 PM 2-27-82. WOCU estimated to arrive 3-8-82.

XC: ~~USGS~~ <sup>MMS</sup> (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 R. E. Matt TITLE REGULATORY COORDINATOR DATE MARCH 1, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

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