

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

*C.C.F.*  
**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) Cement squeeze

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
NM-16324
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
*RECEIVED*
7. UNIT AGREEMENT NAME  
*MAY - 6 - 1982*
8. FARM OR LEASE NAME  
Charlotte Federal *C.C.F.*
9. WELL NO.  
2 *ARTESIAL*
10. FIELD OR WILDCAT NAME  
*Pico Dingo*  
Undesignated ABO
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 17, T7S, R26E
12. COUNTY OR PARISH  
Chaves
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3582' 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.)\*

*on 3-18-82*  
Moved in completion unit and perforated 4 1/2" casing at 3630' and 3630.5' to raise cement above top of ABO. Cemented with 200 sx "C" + 2% CaCl. TOC at 3631'.

ACCEPTED FOR RECORD

XC: MMS (6), TLS, CEN RCDS, ADP, MEQ, PARTNERS, ROSWELL, FILE  
Subsurface Safety Valve: Manu. and Type

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

SIGNED *R. S. Mark* TITLE *REGULATORY COORDINATOR* DATE 3-22-82

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE