

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 & 990' 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 ☐
- FRACTURE TREAT ☐
- SHOOT-OR-ACIDIZE ☐
- REPAIR WELL ☐
- PULL-OR-ALTER-CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) 8 5/8" csg & cement

SUBSEQUENT REPORT OF:

RECEIVED
MAR 11 1982
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM-32167
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Spring Fed
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Undersound
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 4, T. 26E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3641' GR

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 1709'. Ran 40 jts 8 5/8", 24#, K-55 casing set at 1709'. Cemented with 700 sx Thixalite + 4% CaCl and tailed in with 300 sx "C" + 2% CaCl. PD at 7:00 a.m. 3-8-82. Circulated 50 sx. Tested BOPs and casing to 600 psi for 30 min.-ok. Reduced hole to 7 7/8" and drilled ahead on 3-9-82. WOC total of 88 hours

MMS
XC: ~~XXXX~~ (6), TLS, CEN RCDS, ACCTG, MEC, REM , PARTNERS, ROSWELL, NM
Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED R. P. Mott TITLE REGULATORY COORDINATOR DATE 3-9-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

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