Form Approved.

UNITED STATES

Artesia, NM 88210

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	NM-29615

	Budget	Datesa	140.	42-111424	
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O. C. D.

DEPARTMENT	OF	THE	INTERIO
 GEOLOG	ICAL	SUF	RVEY

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

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.) gas well X other well 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 1980' FSL & 1980' FEL

AT SURFACE: AT TOP PROD. INTERVAL:

same AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

10. FIELD OR WILDCAT NAME Undesignated ABO

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

Bitter Lake Fed Compressia, OFFICE

<u>Sec 5, T9S, R25E</u> 12. COUNTY OR PARISH 13. STATE

Chaves New Mexico 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3555' GR

(NOTE Report results of multiple completion or zone

phange on Form 9-330.)

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* csg & cement (other) TD.

SUBSEQUENT REPORT OF:

OIL & GAS U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

MAR 1 6 1982

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 4250' on 3-14-82. Ran 98 jts 4 1/2" 10.5#, K-55 casing set at 3990'. Cemented with 275 sx "C" + 3/10% Halad - 4 + 2/10% CFR -2 + 2% CaCl. PD at 5:00 a.m. 3-15-82. Cement did not circulate. Released rig at 6:00 a.m. 3-15-82. WOCU estimated to arrive 3-22-82.

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

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

TIREGULATORY COORDINATORATE

DATE

ACCEPTED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY _ TITLE

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

APR 3 0 1982 HORSS OFFICE