AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other) Spud, 13 3/8"

REPAIR WELL

MAY - 3 1982

O. C. D.

ARTESIA, OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR Artesia,

GEOLOGICAL SURVEY

J 3.	LEASE
88310	NM-17031

		DECEMBER
		MELETY-I
6.	IF INDIAN, ALLOTTEE OR TRIBE	NAME - 1 - 2

0/3F					
VACINID	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	X	other					
2.	NAM	E OF	OPERAT	ror						
	MES	A PE	ETROLE	UM	CO					
3.	ADD	RESS	OF OPE	RAT	OR					
						4 3 7 70	CT137	70701	1100	

1000 VAUGHN BUILDING/MIDLAND TX 79701-4493

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 660' FNL & 660' FEL below.) AT SURFACE: AT TOP PROD. INTERVAL:

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

csg & cmt

SAME

SUBSEQUENT REPORT OF:

10. FIELD OR WILDCAT NAME UNDESIGNATED ABO 11. SEC., T., R., M., OR BLK. AND SURVEY OR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BRADEN FEDERAL

SEC 30, T5S, R24E

12. COUNTY OR PARISH 13. STATE NEW MEXICO CHAVES

14. API NO.

9. WELL NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4062' GR

(NOTE: Repo

OIL & CAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details wand alternations and 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.)*

Spudded well on mud with 14 3/4" hole on 3-26-82. Drilled to 800' and ran 19 jts 10 3/4", 40.5#, K-55 casing set at 797'. Cemented with 700 sxs Thixalite + $\frac{1}{4}$ /sx flocele + 4% CaCl and tailed in with 200 sxs Class "C" + 2% CaCl. Plug down at 6:30 PM, 3-28-82. Circulated 50 sxs. Tested casing to 600 psi using cement head. Reduced hole to 9 7/8" and drilled ahead on 3-29-82. WOC total of 18 hours.

XC: MMS (6), TLS, CEN RCDS, ACCTG, MEC, RCSWELL, REM, FILE ACCEPTED Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLEREGULATORY COORDINATOR SIGNED LARE GEOLOGICAL SURVEY (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY