

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL COM.
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 TX 79701-4493

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
2310' FNL & 968' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: SAME

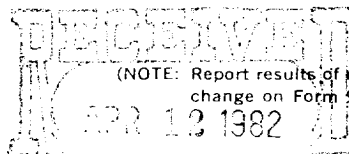
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) SPUD, 13 3/8" CSG & CMT

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐



(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.)*

Spudded well with 17½" hole on 4-2-82. Drilled with mud to 885' and ran 21 jts 13 3/8", 48#, H-40 casing set at 883'. Cemented with 700 sx Thixalite + 4% CaCl + ¼# Flocele and tailed in w/200 sx "C" + 2% CaCl. PD @ 10:30 PM. Circulated 250 sx. Blew hole dry and waited one hour - no fluid. Reduced hole to 12½" and drilled ahead with air on 4-6-82. WOC total of 18 hours.

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

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

SIGNED R. E. Mott TITLE REGULATORY COORDINATOR DATE 4-7-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

