

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

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
P. O. Box 2009 / Amarillo, Texas 79189

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 660' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other) ☐

5. LEASE

NM-17793

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crawford Fed Com

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Pecos Slope Abo

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

Sec. 31, T7S, R26E

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 zone change on Form 9-330.)

RECEIVED
AUG 29 2 26 PM '83
SOUTHWEST DISTRICT

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.)*

Propose to plug and abandon subject well as follows:

1. Set CIBP @ 3620' w 35' cmt on top.
2. Displace hole w/ mud.
3. Spot 25 sx plug from 950' (10 3/4" @ 900').
4. Spot 10 sx plug from 100' to surf.
5. Bring cmt to surf between 4 1/2" and 10 3/4" csg w/ 1" pipe (cmt top est @ 250').
6. Install P&A marker.

NOTE: 4 1/2" csg was tied back to surface csg from squeeze at 2200' w/ 500 sx "C" to repair suspected csg leak.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED P. F. Malt TITLE REGULATORY COORDINATOR DATE 8-25-83

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL IF ANY

SEP 20 1983

XC: BLM-R (0+6), CEN RCDS, ACCTG, MAT CONT, GAS CONT, RES ENG, PROD RCDS (FILE),
REGULATORY, MIDLAND, ROSWELL, PARTNERS

*See Instructions on Reverse Side