

Dec. 1973

NM OIL CONS. COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ other2. NAME OF OPERATOR
MESA PETROLEUM CO.3. ADDRESS OF OPERATOR
1000 VAUGHN BUILDING/MIDLAND TX 79701-44934. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FSL & 460' FEL NE $\frac{1}{4}$ SE $\frac{1}{4}$
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other) Spud, 10 3/4" csg & cmt

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 14 3/4" hole on 5-2-82. Lost circulation at 115'. Set 275 sxs Class "C" + 4% CaCl to control hole. Set additional 290 sxs Class "C" + 4% CaCl at 422' on 5-3-82. Drilled to 908' and ran 22 jts 10 3/4", 40.5#, K-55 casing set at 908'. Cemented with 700 sxs Thixalite + 1/4#/sx flocele + 4% CaCl and tailed in with 200 sxs Class "C" + 2% CaCl. Plug down at 8:00 AM, 5-5-82. Circulated 150 sxs. Tested BOP's and casing to 600 psi for 30 minutes -- okay. Reduced hole to 9 7/8" and drilled ahead on 5-6-82. WOC total of 19 hours.

XC: MMS (7), 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. F. Nathan

TITLE

REGULATORY COORDINATOR

DATE 5-6-82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side