

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

MAY 18 1982

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.)
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) TD, 4 $\frac{1}{2}$ " csg & cmt

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.
1
10. FIELD OR WILDCAT NAME
UNDESIGNATED
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 30, T7S, R26E
12. COUNTY OR PARISH
CHAVES
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3569' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 9 7/8" hole to 1770' and then reduced hole to 7 7/8" on 5-6-82. Drilled to TD of 4250' on 5-9-82. Ran 134 jts 4 $\frac{1}{2}$ ", 10.5#, K-55 casing set at 4144'. Cemented with 425 sxs Class "C" + 3/10% Halad-4 + 2/10% CFR-2 + 5% KCL. PD at 4:30 PM, 5-10-82. Cement did not circulate. Released rig at 11:59 PM, 5-10-82. WOCU estimated to arrive 5-24-82.

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. E. Mathew TITLE REGULATORY COORDINATOR DATE 5-11-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: