Artesia, NN 88210

Budget Bureau No. 42-R1424 5. LEASE

NM 17793

UNITED STATES			
DEPARTMENT OF THE INTERIOR			

## D GEOLOGICAL SURVEY

	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
nt	8. FARM OR LEASE NAME CRAWFORD FEDERAL
	9. WELL NO. 2
	10. FIELD OR WILDCAT NAME -UNDESTGINA FED PECOS SLOPE ABO
93 7	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 31, T7S, R26E
	12. COUNTY OR PARISH 13. STATE NEW MEXICO
Ε,	14. API NO.

change on Form 9-380

SUNDRY NOTICES AND REPORTS EN WELLS  Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
eservoir. Use Form 9–331–C for such proposals.)  JUN 1 1982	8. FARM OR LEASE NAME CRAWFORD FEDERAL
well well other	9. WELL NO. 2
2. NAME OF OPERATOR MESA PETROLEUM CO. ARTESIA, OFFICE	10. FIELD OR WILDCAT NAME UNDESTGNATED PECOS SLOPE ABO
<ol> <li>ADDRESS OF OPERATOR         1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493</li> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	
AT SURFACE: 660' FSL & 2080' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE NEW MEXICO
SAME  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 3555' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FEST WATER SHUT-OFF	- 
REPAIR WELL	(NOTE: Report results of multiple completion obzon

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 P&A well as follows per phone conversation between Mesa/MMS on 5-19-82:

Set 50 sx "C" at 3696'. Set 50 sx "C" at 950'. Set 15 sx "C" at surface.

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

MMS (7), TLS, CEN RCDS, ACCTG, MEC, REM, PARTNE Subsurface Safety Valve: Manu. and Type \_ JAMES A. GILLHAM 18. I hereby certify that the foregoing is true and correct TITUREGULATORY COORDINATION DISTRICT SUPERVISOR SIGNED (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: