

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 ☒ other

2. NAME OF OPERATOR

MESA PETROLEUM CO. ✓

3. ADDRESS OF OPERATOR

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701-4493

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

AT SURFACE: 660' FSL & 2080' FEL

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) TD, P&A

SUBSEQUENT REPORT OF:

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5. LEASE

NM 17793

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CRAWFORD FEDERAL

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

UNDESIGNATED PECOS SLOPE ABO

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

SEC 31, T7S, R26E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3555' GR

RECEIVED BY

MAY 21 1982
NOTE: Report results of multiple completion or zone change on Form 9-330.

O. C. D.

ARTESIA, OFFICE

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 7 7/8" hole to TD of 4200' on 5-17-82. Received verbal OK to P&A and proceeded as follows:

Set 70 sx "C" from 3696' to 3596'.

Set 70 sx "C" from 950' to 850'.

Set 15 sx "C" from 100' to surface.

Installed dry hole marker. Well P&A 5-18-82.

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MAY 20 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

XC: MMS (7), TLS, CEN RCDS, ACCTG, MEC, REM, PARTNERS, ROSWELL, FILE
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R. F. Mark TITLE REGULATORY COORDINATOR DATE 5-25-82

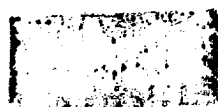
APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1982



*See Instructions on Reverse Side

Post ID-2
6-11-82
P&A