

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 ☐ gas ☐ other ☒ P&A

2. NAME OF OPERATOR

Mesa Petroleum Co. ✓

3. ADDRESS OF OPERATOR

P. O. Box 2009 / Amarillo, Texas 79101

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

AT SURFACE: 1850' FSL & 990' 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) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

NM-36653

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carol Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

West Pecos Slope Abo

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

Sec. 12, T7S, R22E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

14. API NO.

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

4205' 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.)*

Proceeded with P&A on 11-18-83 as follows:

Set CIBP @ 2870' plus 35' cement.

Loaded hole with 9+ ppg mud and cut 4 1/2" csg @ 2170'.

Recovered 53 jts 4 1/2", 10.5#, K55, ST&C csg plus 1 cutoff. SION.

Spotted 25 sx "C" from 2220' to 2120' and tagged same with tubing.

Spotted 45 sx "C" from 1510 to 1410' across 8 5/8" csg @ 1460'.

Spotted 25 sx "C" from 100' to surface.

Installed dry hole marker. Well is P&A 11-19-83.

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

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

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

SIGNED R. E. Mark TITLE REGULATORY COORDINATOR DATE 11-23-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

