

C/SF

NM OF CONS. COMMISSION

RECEIVED BY

Drawer DD
Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR, C. D.
GEOLOGICAL SURVEY ARTESIA, OFFICE

NOV 09 1984

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 ☒ Dry
2. NAME OF OPERATOR
Mesa Petroleum Co.
3. ADDRESS OF OPERATOR
P. O. Box 2009 / Amarillo, TX 79189
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM-31098
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Leila Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Pecos Slope Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T6S, R26E
12. COUNTY OR PARISH
Chaves
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3794'

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)

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

SEP 20 9 49 AM RECEIVED

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.)*

Commenced P&A on 9-15-83 as follows:

Set CIBP @ 4200' plus 25 sx "C".
Set 25 sx "C" from 1000' to 900'.
Spotted 50 sx "C" between 4 1/2" and 10 3/4" csg from 1000' to 850' with 1" tubing and raised to surface.
Set 25 sx "C" from 100' to surface inside 4 1/2" csg.
Installed Dry Hole marker. Well is P&A 9-15-83.

XC: BLM-R(0+6), CEN RCDS, ACCTG, MAT CONT, ROSWELL, OPS(FILE), PARTNERS
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED PETER W. CHESTER TITLE REGULATORY COORDINATOR DATE 9-19-83

APPROVED BY PETER W. CHESTER (This space for Federal or State office use)
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____

NOV 7 1984