| STATE OF NEW MEXICO | |
|--|--|
| NERGY AND MINERALS DEPARTMENT OIL CONSERVATION DEPARTMENT | |
| DISTRIBUTION P. O. BOX 2088 | Form C-103 Revised 10-1-78 |
| SANTA FE, NEW MEXICO 87501 | • |
| SEP 1 6 198 | |
| DERATOR O. C. D. | State X Fee S. State Oil & Gas Lease No. |
| ARTESIA, OFFIC | - 1 TO (100 |
| SUNDRY NOTICES AND REPORTS ON WELLS | |
| USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| OIL SAB WELL X OTHER- | |
| Mesa Petroleum Company | 8. Form or Lease Hame Panther State |
| ddress of Operator | 9. Well No. |
| P. O. Box 2009 / Amarillo, Texas 79189 | 1 |
| ocotion of Well 1980 1980 PEET FROM THE NORTH LINE AND 1980 | 10. Field and Pool, or Wildcat Undes. W. Pecos Slope A |
| UNIT LETTER FEET FROM THE LINE AND | - LEEL LYOW |
| East Line, SECTION 3 TOWNSHIP 75 RANGE 23E | NMPM. |
| | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3805 GR | 12. County Chaves |
| Check Appropriate Box To Indicate Nature of Notice, Rep | port or Other Data |
| • | SEQUENT REPORT OF: |
| PPORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| RFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK MPDBARILY ABANDON COMMENCE DRILLING OPHS. | |
| LL OR ALTER CASING CHANGE PLANS CABING TEST AND CEMENT | |
| OTHER | |
| OTHER | |
| Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date work) SEE RULE 1703. | es, including estimated date of starting any proposed |
| | |
| Orilled 7-7/8" hole with air to TD of 3400'. After log evaluat | ion, received verbal |
| permission to P & A hole as follows: | |
| Set 50 SX "c" + 2% CaCl at 2940' | |
| Set 50 SX "c" + 2% CaCl at 2940" Set 50 SX "c" + 2% CaCl at 2250' | |
| Set 50 SX "c" + 2% CaCl at 1400' | |
| Set 15 SX "c" + 2% CaCl at 100' to surface. | • |
| Installed Dry Hole Marker. | |
| Well is P & A 9-12-82. | |
| | |
| | -0 ⁻² |
| | $1 \frac{1}{4} v$ |
| | not and a |
| | footed to the |
| | • |
| XC: NMOCD-A (6) TLS, Cen Rcds, ACCTG, Midland, Roswell, REM (f | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| Regulatory Coordi | nator 9-13-82 |
| TITLE | DATE |