NM OIL COMS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

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5.	LEASE			

UNITED STATEStresia, NM	88210
FPARTMENT OF THE INTERIOR	

	NM-	36	60)2

9. WELL NO.

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6.	IF INDIAN	ALLOTTEE OR TRI	BE NAME

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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

GEOLOGICAL SURVEY

(Do not use this form for proposal to drill or to despending back to a different reservoir. Use Form 9-331-C for such proposals its

1. oil gas (X) other DFC 2.0 1982	
2. NAME OF OPERATOR Mesa Petroleum Co. O C. D.	
3. ADDRESS OF OPERATOR P.O. Box 2009 / Amoni 11 ARTESIA, OFFICE	

P.U. Box 2009 / Amarillo, Texas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 860' FNL & 1780' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

1 10. FIELD OR WILDCAT NAME Wildcat ABO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Corn Federal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T9S, R22E

12. COUNTY OR PARISH 13. STATE Chaves New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4285' 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.)*

SUBSEQUENT REPORT OF:

Drilled 7-7/8" hole to TD of 3300' on 9-20-82 with mud. (Hit brackish water at 1936', estimated at 6 BPH). After logging, received verbal permission to P&A well and proceeded as follows:

Loaded hole with 9.8# mid

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)

Set 100 SX "c" + 4% CaCl at TD

Set 100 SC "c" + 4% CaCl at 1468'

Set 20 SX "c" + 4% CaCl from 100' to surface. Installed Dry Hole Marker. Well P&A 9-20-82.

Subsurface Safety Valve: Manu. and Type _ Set @ 18. I hereby certify that the foregoing is true and correct Regulatory Coordinator 10-1-82 (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS APPROVED BY CONDITIONS OF APPROVAE IF ANY: 1982

XC:

CEN RCDS, ACCTG, REM (FILE), MIDLAND, ORGSWE 51982 THE JAMES A. GILLHAM

DISTRICT SUPERVISOR *\$ee Instructions on Reverse Side

OIL & GAS MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO