

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
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
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:

SUBSEQUENT REPORT OF:

- | | |
|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> |
| (other) | |

RECEIVED
OCT 1 1981
(NOTE: RE-
PH)

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

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

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.)*

Per phone conversation between Mr. C. Chapman/USGS and Mr. R. Mathis/Mesa on 9-28-81, propose to P&A well as follows:

Set plug from 3712' to 3400' across Abo top & perforations
Set plug from 2050' to 1950' across 8 5/8" casing shoe at 1999'
Set plug from 100' to surface (minimum 15 sx)
Install dry hole marker

SET 100' STUB PLUG ON 4 1/2" CSG.

XC: USGS (6), TLS, CEN RCDS, ACCTG, MEC, FILE, PARTNERS, ROSWELL, FILE

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

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

SIGNED K. J. [Signature] TITLE REGULATORY COORDINATOR DATE 5-28-81

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ROGER A. CHAPMAN
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

OCT 19 1981

JAMES A. GILHAM
DISTRICT SUPERVISOR

* See Instructions on Reverse Side