Form C-103 Revised 1-1-89

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County

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-045-28181 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 6. State Oil & Gas Lease No. E 9224 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: FC STATE COM GAS WELL X OIL WELL OTHER 2. Name of Operator 8. Well No. MESA OPERATING LTD PARTNERSHIP # 34 Address of Operator 9. Pool name or Wildcat P.O. BOX 2009, AMARILLO, TEXAS 79189 Basin Fruitland Coal Well Location 2570 Feet From The South L 1015' Unit Letter __ West Feet From The 27N NMPM San Juan 8W Section Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5962' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON

OTHER: 12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

CHANGE PLANS

TEMPORARILY ABANDON

PULL OR ALTER CASING

CONDITIONS OF APPROVAL, IF ANY:

OTHER:

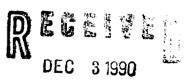
The above referenced well TD'd on 11/26/90 @ 2390'. RU and ran 5 1/2" 17# N-80 LT&C casing, set @ 2390'. Cemented with 375 sx 65% Class "B"/35% Poz; tailed in with 200 sx Class "B". Circulated good cement to surface. WOCU. Will test casing when RU to complete.

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

TD NOTICE/PROD CSG



ALTERING CASING

PLUG AND ABANDONMENT

OIL CON. DIV

xc: NMOCD-A (0+6), WF, Reg,	Land, Expl., Drlg	DIST. 3
I hereby cerufy that the information above is true and complete to the best of my kno	wledge and belief.	
SKINATURE Albert 1. 1/7Cle	TITLE Sr. Regulatory Analyst	DATE11/29/90
TYPEOR PRINT NAME Carolyn L. McKee	(806) 378-10	00 TELEPHONE NO.
(This space for State Use)		
Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICT # 3	DATE DEU 03 1991