Submir 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	WELL API NO.
	30-045-27500  5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL GAS X OTHER	FC STATE COM
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP	8. Well No. # 8
3. Address of Operator P.O. BOX 2009, AMARILLO, TEXAS 79189	9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location  Unit Letter $\frac{L}{}:\frac{2040}{}$ Feet From The $\frac{South}{}$ Line and $\frac{122}{}$	
Section 32 Township 29N Range 8W NMPM San Juan County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  5835 GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: Extend	Drilling Permit X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.	
Mesa Operating Limited Partnership is hereby requesting permission to extend the drilling permit on the above well. This drilling permit currently expires on April 17, 1990.	
APPER 2 1930  LIMITES CONTINUES IS COMMENCED.  LIPUD NOTICE MUST BE SUBMITTED  WITHIN AN ORDER.  WITHIN AN ORDER.  CHIEF 2 1930  CHIEF 2 1930  CHIEF 3 2 1930  CHIEF 3 2 1930	
NMOCD-Aztec (0+5), WF, Reg, Land, Expl., Drilling	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SEGNATURE Regulatory	Analyst DATE 4/9/90
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)  Original Signed by FRANK T. CHAVEZ  TITLE  ***CLERKY.SOR DIS	TRICL #APR 1 7 1990