Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFTROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-183 Review 1-1-29

District Office	-	garan and		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.		
		30-045-28178 5. Indicate Type of Lease		
DISTRICT III			STATE X FEE	<u>]</u>
1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas B	Lesse No. 11240-42	
SUNDRY NOTICES AND REPORTS ON W				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR P		7. Lease Name or U	Juit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.) I. Type of Well:	·	FC STA	TE COM	
OÉ GAS X OTHER				
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP		8. Well No.	<i></i>	
3. Address of Operator		9. Poot name or W		
P.O. BOX 2009, AMARILLO, TEXAS 79189		Basin Fru	itland Coal	
Unit Letter L : 2330 Feet From The South	Line and	90 Feet From	The West	ine
29N	8W -		Tuan	
Section 1 Owners 1	er DF, RKB, RT, GR, etc.)	NMPM Satt	County	<i>77.</i>
	6518' GR			
11. Check Appropriate Box to Indicate NOTICE OF INTENTION TO:	_	-		
	508	ISEQUENT RE	EPORT OF:	_
ERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	님 '	ALTERING CASING	
EMPORARILY ABANDON	COMMENCE DRILLING	GOPNS. 🔲 I	PLUG AND ABANDONMENT	L
ULL OR ALTER CASING	CASING TEST AND C			
THER:	OTHER: SPUD/SUR	F CSG/TD/PROD	CSG	[]
12. Describe Proposed or Completed Operations (Clearly state all pertinent details,	and give pertinent dates, incli	ding estimated date of	starting any proposed	_
work) SEE RULE 1103.				
The above referenced well was spu Rig $\#$ 6. Drilled to 254', RU and	d @ 1315 hrs on ran 8 5/8" 24# W	10/23/90 by Fo C-50 ST&C cas:	our Corners ing. set	
@ 245'; cemented with 150 sx Clas	s "B"; circulated	good cement	to surface;	
pressure tested casing to 1000 ps	ig, OK. Drilling	ahead.		
		m e a	EIVEM	
OCT 2 9 1990				
OIL CON. DIV				
\ Dist. 3				
xc: NMOCD-A (0+6), WF, Reg, Land,	Expl., Drlg.			
I hereby certify that the information above is true and complete to the best of my knowledge a				
SIGNATURE Aldlyn h. 1966	Sr. Regulator	y Analyst	DATE10/26/90	
TYPEOR FRINT NAME Carolyn L. McKee	(806) 3	78-1000	TELEPHONE NO.	
(This space for State Use)				
Original Stand by FRANK T. CHAVET	SUPERVISOR D	ISTRICT#3	OCT 2 9 1990)
APPROVED BY	TITLE		DATE	