STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
E-5226

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-10) FOR SUCH PROPOSALS.)

1.
OIL WELL [ ]   GAS WELL [X]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Mesa Petroleum Co.

8. Farm or Lease Name
Jasis Canyon

3. Address of Operator
1660 Lincoln St. #2800, Denver CO 80264

9. Well No.
1

4. Location of Well

UNIT LETTER ___H___ . ___1660___ FEET FROM THE ___north___ LINE AND ___1170___ FEET FROM

THE ___east___ LINE, SECTION ___36___ TOWNSHIP ___29N___ RANGE ___8W___ NMPM.

10. Field and Pool, or Wildcat
Blanco Pictured Cliffs

15. Elevation (Show whether DF, RT, GR, etc.)
6254' GR

12. County
San Juan

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]
CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER ___single completion___

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

[X]

17. 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.

This well was permitted in the Canyon Fruitland and Blanco Pictured Cliffs pools.
The well was completed as a single zone Pictured Cliffs (Blanco Pictured Cliffs)
from 2916-2936'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _____ TITLE _Division Drilling Supervisor_ DATE ___2/16/82___

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: