## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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ITIONS OF APPROVAL, IF ANYI

## OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 Revised 10-1-78

| SANIA FE, NEW MEXICO 87501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |
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| U.s. G. s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sa. Indicate Type of Lease                                        |
| LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State XX                                                          |
| OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. State Oll & Gas Lease No. E3149                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E6348,B11017,E1304,E8984                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| SUNDRY NOTICES AND REPORTS ON WELLS  100 NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPLN OR PLUG BACK TO A DIFFERENT RESERVOIR.  105 "APPLICATION FOR PERMIT -" FFORM C-1011 FOR SUCH PROPOSALS.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Unit Agreement Name                                            |
| OIL GAS X OTHER-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Sint Agreement Hank                                            |
| WELL WELL (A) OTHER-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |
| to Aperator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8, Farm of Lease Name                                             |
| Mesa Petroleum Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State Com AF                                                      |
| . Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9, Well No.                                                       |
| 1660 Lincoln St., #2800 Denver CO 80264                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 28E                                                               |
| . Location of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Field and Pool, or Wildcat                                    |
| UNIT LETTER 1460 FEET FROM THE SOUTH LINE AND 1100 FEET FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Basin Dakota                                                      |
| UNIT LETTER TOO FEET FROM THE SOULT LINE AND TOO FEET FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mmilion in the second                                             |
| Foot 200 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |
| THE East LINE, SECTION 36 TOWNSHIP 29N RANGE TOW NMPM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12. County                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , ,                             |
| 5744' GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | San Juan                                                          |
| Check Appropriate Box To Indicate Nature of Notice, Report or Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | er Data                                                           |
| NOTICE OF INTENTION TO: SUBSEQUENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | REPORT OF:                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ALTERING CASING                                                   |
| TEMPORARILY ABANDON COMMENCE DRILLING OPNS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUG AND ABANDONMENT                                              |
| PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7600 AND ABANDONIERI                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | П                                                                 |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LJ                                                                |
| DTHEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |
| Drilled a 7 7/8" hole to a TD of 6,640' on June 27, 1980 at 7:30 PM. 15.5#/ft. K-55, new STC casing with casing shoe at 6638', float collar collar at 4647', and 2nd stage collar at 2299'. Cemented casing as folst stage: 350 sxs. 50/50 Pozmix containing 2% Gel-good circulation the 2nd stage: 500 sxs. 50/50 Pozmix containing 2% Gel-good circulation the 3rd stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Pozmix containing 6% Gel, followed b7 500 stage: 400 sxs. 65/35 Poz | at 66]0'.  st stage<br>llows:<br>hroughout job.<br>hroughout job. |
| hereby certify that the information above is true and complete to the best of my knowledge and belief.  Denter Div. Drlg. Fngr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE 4/20/81                                                      |
| Original Staned by 1924 17 CHAVET TITLE SUPERVISOR DISTRICT TO 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APR 21 1981                                                       |

## STATE OF JEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTION          |   |  |
| SANTA FE              |   |  |
| FILE                  |   |  |
| U.S.G.S.              |   |  |
| LAND OFFICE           |   |  |
| DPERATOR              |   |  |

## OIL CONSERVATION DIVISION

| DISTRIBUTION SANTA FE                                  | SAN                               | P.O.BOX 2<br>TA FE, NEW M                    | Form C-103<br>Revised 10-1-7                                           |                                                                                               |
|--------------------------------------------------------|-----------------------------------|----------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| U.S.G.S.                                               |                                   |                                              |                                                                        | State X Fee                                                                                   |
| OPERATOR                                               |                                   |                                              |                                                                        | S. State OIL & Gas Lease No.E3149                                                             |
| SUN                                                    | DRY NOTICES AND                   | REPORTS ON WE                                | LLS                                                                    | E6348, B11017, E1304,E898                                                                     |
| 01L 6A3 V                                              | 7. Unit Agreement Name            |                                              |                                                                        |                                                                                               |
| thame of Operator                                      | OTHER-                            |                                              |                                                                        | B. Farm or Lease Hame                                                                         |
| Mesa Petroleum Co.                                     |                                   |                                              |                                                                        | State Com_AF                                                                                  |
| 1660 Lincoln St., #                                    | 2800 Denver CC                    | 80264                                        |                                                                        | 9. Well No.<br>28E                                                                            |
|                                                        | 1460                              | THE South                                    | 1100                                                                   | Basin Dakota                                                                                  |
| THE EAST LINE, SEC                                     |                                   |                                              | •                                                                      |                                                                                               |
|                                                        | //////                            | on (Show whether DF,                         | RT, GR, etc.)                                                          | 12. County                                                                                    |
| Check                                                  | Appropriate Box                   | ' GL<br>To Indicate Natu                     | re of Notice, Repor                                                    | San Juan ())))))) or or Other Data                                                            |
| NOTICE OF                                              | INTENTION TO:                     |                                              |                                                                        | EQUENT REPORT OF:                                                                             |
| TO THE PERSONAL WORK                                   |                                   |                                              | MEDIAL WORK  MMENCE DRILLING OPHS.  SING TEST AND CEMENT JQB  DOD Toch | ALTERING CASING PLUG AND ABANDONMENT                                                          |
| OTHER                                                  |                                   |                                              | OTHER BOP Test                                                         | (X_)                                                                                          |
| 7. Describe Proposed or Completed work) SEE RULE 1103. | Operations (Clearly state         | all pertinent details,                       | and give pertinent dates,                                              | including estimated date of starting any proposed                                             |
| K-55 ST&C casing and                                   | set it at 278'.<br>Cl and 1/4#/sx | Cemented ca<br>Flocele. Cir<br>i for 30 min. | sing back to surf<br>culated 45 sxs. t<br>w/no leak off.               | ', ran & jts. 8 5/8", 24#/ft.<br>face with 180 sxs. API class<br>to pit. PD @ 8:00PM 6/13/80. |
|                                                        |                                   |                                              |                                                                        |                                                                                               |
|                                                        |                                   |                                              |                                                                        |                                                                                               |
|                                                        |                                   |                                              |                                                                        | 2.5T. 3                                                                                       |
|                                                        |                                   |                                              |                                                                        |                                                                                               |
| and percept certify that the information               | on above is true and comp         | iste to the heat of my                       | knowledge and heliaf                                                   |                                                                                               |
| Colure                                                 | Berton                            | TITLE DIV. D                                 |                                                                        | BATE 4/20/81                                                                                  |
| Original Signed by                                     | Purk E CHAVEZ                     | SUPER                                        | NISOR DICKS TO TO T                                                    | APR 2 3 1981                                                                                  |