Submit 3 Copies to Appropriate District Officu	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	OIL CONSERVATION DIVISION		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	TRICT II Sente Fo New Marries 27504 2000			-27731
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		(5. Indicate Type of 6. State Oil & Gar	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.)				5382-0 Unit Agreement Name
1. Type of Well: Oil GAS WELL X	OTHER		FC ST	ATE COM
2. Name of Operator MESA OPERATING LIMI			8. Well No.	20
3. Address of Operator P.O. BOX 2009, AMAR			9. Pool name or W	
	90 Feet From The North	Line and1450	Feet From	The East Line
Section 2	Township 30N	Range 8W	NMPM Sa:	n Juan County
	10. Elevation (Show wheth	er DF. RKB. RT. GR. esc.) 403 °GR		
11. Check	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other	Data Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT R	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	· - 	
OTHER:		OTHER: SPUD NO	OTICE/SURFACE	E CASING X
 Describe Proposed or Completed Open work) SEE RULE 1103. 	tions (Clearly state all pertinent details,	and give pertinent dates, inclu	ding estimated date of	starting any proposed
# O. Drilled	erenced well was spud (to 242' and set 9 5/8' 150 sx Class "B" w/2%	' 36# .T—55 ፍጥ&ሮ <i>c</i>	encing ant 6	1 22/1
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			<u> </u>	u
				JUL1 2 1990
	+6), WF, Reg, Land, Ex		· 	OIL CON. DIV
I hereby certify that the information above in the	and complete to the best of my knowledge as	d belief. Sr. Regulator	y Analyst	7/10/90
TYPE OR PRINT NAME	n		<u> </u>	
(This space for State Use)				TELEPHONE NO.
Original Signed by FR	ANK T. LHAVEZ	AMERYISDR DIST	EDIPT .	1111 1 3 1990

CONDITIONS OF APPROVAL, IF ANY:

