

Submit 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 III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-045-27731

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E - 5382-0

7. Lease Name or Unit Agreement Name

FC STATE COM

8. Well No.  
# 20

9. Pool name or Wildcat  
Basin Fruitland Coal

**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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
MESA OPERATING LIMITED PARTNERSHIP

3. Address of Operator  
P.O. BOX 2009, AMARILLO, TEXAS 79189

4. Well Location  
Unit Letter B : 990 Feet From The North Line and 1450 Feet From The East Line  
Section 2 Township 30N Range 8W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
6403' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: 7" INTERMEDIATE CASING ☒

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.

Drilled to a TD of 3000' on 7/9/90. Ran 7" 23# N-80 LT&C casing, set @ 3000'. Cemented with 450 sx 65% Class "B" and 35% Poz; tailed in with 100 sx Class "B"; circulated cement to surface. WOC. Will test casing when RU to continue drilling.

**RECEIVED**

JUL 13 1990

**OIL CON. DIV**  
**DIST. 3**

xc: NMOCD-A (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.

SIGNATURE Carolyn L. McKee TITLE Sr. Regulatory Analyst DATE 7/11/90

TYPE OR PRINT NAME Carolyn L. McKee TELEPHONE NO. (806) 378-10

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT 3 DATE JUL 13 1990

CONDITIONS OF APPROVAL, IF ANY: