

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30-045-27481

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

FC BARNES COM

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

2. Name of Operator
MESA OPERATING LIMITED PARTNERSHIP

8. Well No.
1

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

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location
Unit Letter N : 790' Feet From The South Line and 1745' Feet From The West Line
Section 15 Township 38N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6433' 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: SPUD NOTICE/SURFACE 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.

The above well was spud @ 1515 hrs on 8/18/90 by Four Corners Rig # 6.
Drilled to depth of 252', RU and ran 8 5/8" 24# K-55 ST&C casing, set @
246'. Cemented with 150 sx Class "B" w/2% CaCl. Circulated good cement to
surface. Pressure tested casing to 1500 psig. OK. Presently, drilling
ahead.

RECEIVED

AUG 23 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 and belief.

SIGNATURE Carolyn L. McKee TITLE Sr. Regulatory Analyst

DATE 8/21/90

TYPE OR PRINT NAME Carolyn L. McKee

(806) 378-1000
TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

DATE AUG 23 1990

CONDITIONS OF APPROVAL, IF ANY: