

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. 30-045-27481

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.)

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 N : 790' Feet From The South Line and 1745' Feet From The West Line
Section 15 Township 11N Range 11W NMPM San Juan County

7. Lease Name or Unit Agreement Name

FC BARNES COM

8. Well No. # 1

9. Pool name or Wildcat
Basin Fruitland Coal

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

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: TD/PROD 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 TD'd @ 3300' on 8/23/90 by Four Corners Rig # 6.
RU and ran 5 1/2" 17# N-80 LT&C casing, set @ 3300'. Cemented
1st stage with 225 sx Class "B" 2/2% KCL; 2nd stage of 325 sx Class
"B" w/2% A-2; tailed in with 75 sx Class "B" w/2% KCL. Circulated
good cement to surface. WOCU. Will test production casing when RU
to complete.

RECEIVED
AUG 29 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 Charles L. McKee TITLE Sr. Regulatory Analyst DATE 8/27/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by **FRANK T. CHAVEZ**

SUPERVISOR DISTRICT # 3

APPROVED BY _____ TITLE _____ DATE AUG 29 1990

CONDITIONS OF APPROVAL, IF ANY: