Submit 3 Copies to Appropriate
District Office

State of New Mexico

Form C-103 Revised 1-1-89 -

| Energy, | Minerals | and | Natural | Resources | Department |
|---------|----------|-----|---------|-----------|------------|
| | | | | | |

| DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 | WELL API NO. 30-045-27615 |
|---|--|
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease |
| DISTRICT III | STATE FEE X |
| 1000 Rio Brazos Rd., Azzec, NM 87410 | 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 |
| 1. Type of Well: OIL GAS WELL X OTHER | FC FLAHERTY COM |
| 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 L : 2015 Feet From The south Line and 845 | Feet From The West Line |
| Section 6 Township | NMPM San Juan County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |
| 5927 ' GR Check Appropriate Box to Indicate Nature of Notice, Re | anort or Other Data |
| | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING | |
| PULL OR ALTER CASING CASING TEST AND CE | |
| | OTICE/SURF CASING X |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103. | ling estimated date of starting any proposed |
| The above referenced well spud @ 2030 hrs on 7/27/90 RU and ran 9 5/8" 36# J-55 ST&C casing, set @ 233'; Class "B" cement. Circulated cement to surface. Pr psig; OK; drilling ahead. | cemented with 150 sx essured tested to 1000 |
| | RECEIVE DANG 3 1990 |
| | OIL CON. DIV. |
| xc/ MMOCD-A (0+6), WF,7Reg, Land, Expl., Drilling | DIST. 3 |
| I hereby certify that the information show is true and complete to the best of my knowledge and belief. | |
| SIGNATURE Aldlyn h. // Hele TITLE Sr. Regulator | y Analyst 7/31/90 (806) 378-1000 |
| TYPE OR PRINT NAME Carolyn L. McKee | (806) 378-1000 TELEPHONE NO. |
| | |

DEPUTY OIL & GAS INSPECTOR, DIST. \$3

- DATE -

APPROVED BY ORIGINAL SIGNED BY ERNIE BUSCH