Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-1	03	
Revis	ed 1	-1-89)

P.O. Box 1980, Hobbs, NM 88240

PULL OR ALTER CASING

OTHER:

OIL CONSERVATION DIVISION P.O. Box 2088

 TOIM CIT		
Revised	1-1-89	

30-045-27615

WELL API'NO.

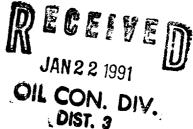
Santa Fe, New Mexico 87504-2088		
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410		
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 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 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 : 2015 Feet From The South Line and	45 Feet From The west Line	
Section Kauge	NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5927 GR		
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	

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.

Tested 7" casing to 2500 psi, held OK. Drilled to TD of 2695' on 1/11/91. RU and ran 5 1/2" 23# N-80 FL4S production liner,set @ 2695. Set Baker liner hanger w/3000 psig, TOL @ 2284.10'.

CASING TEST AND CEMENT JOB

OTHER: CSG TEST/TD/PROD LINER



	JAN OIL CO	JAN22 1991 OIL CON. DIV. DIST. 3		
I hereby certify that the information shove is true for complete is the peet of a Signature	my knowledge and belief. 2 TITLE Sr. Regulatory Analyst	DATE		
TYPE OR PRINT NAME		TELEPHONE NO.		
(This space for State Use) APPROVED BY Original Signed by FRANK T. CHAVEZ	SUPERVISOR DISTRICT # 3	JAN 2 2 1991		
CONDITIONS OF APPROVAL, IF ANY:				