

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.

30-045-28501

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

7. Lease Name or Unit Agreement Name

FC WALLER COM

8. Well No.

1

9. Pool name or Wildcat

Basin Fruitland Coal

4. Well Location

Unit Letter B : 1430 Feet From The East Line and 790 Feet From The North Line

Section 14

Township 32N

Range 11W

NMPM

San Juan

County

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

6499' 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: PRODUCTION 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 2885' on 1/30/91; RU and ran 7" 23# N-80 LT&C casing, set @ 2885'; cemented with 425 sx 65% Class "B"/35% Poz; tailed in with 100 sx Class "B"; circulated 20 bbls cement to surface. Will test casing when RU to complete. WOCU.

RECEIVED
FEB 04 1991
OIL CON. DIV
DIST. 3

xc: NMOCD-A (0+5), 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

2/1/91

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

FEB 04 1991

CONDITIONS OF APPROVAL, IF ANY: