Submit 3 Copies to Appropriate
District Office

1.

## 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

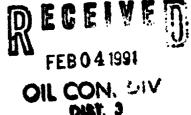
P.O. Box 2088 Santa Fe, New Mexico 87504-2088

VELL API NO.	
30-045-28501	
5. Indicate Type of Lease STATE	FEE X

1000 Rio Brazos Rd., Aztec, 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
I. Type of Well: OIL GAS WELL WELL COTHER	FC WALLER COM
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP	8. Well No. # 1
P.O. BOX 2009, AMARILLO, TEXAS 79189	9. Pool name or Wildcat Basin Fruitland Coal
Well Location  Unit Letter $\frac{B}{}:\frac{1430}{}$ Feet From The $\frac{East}{}$ Line and $\frac{79}{}$	OO 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	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>

11.	heck App	ropriate Box to Indi	icate N	Nature of Notice, Report, or	Other	r Data	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF					
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT JOI	3 🗌		
OTHER:				OTHER: PRODUCTION CAS	SING		X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed							

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.



	OIL CON. SIV
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.  SKINATURE	ry Analsyt 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. CHAVET

TITLE SUPERVISOR DISTRICT # 3

FEB 04 1991

CONDITIONS OF APPROVAL, IP ANY:

work) SEE RULE 1103.