

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.
30-045-27908

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 K : 2100' Feet From The south Line and 1610' Feet From The west Line
Section 30 Township 32N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc)
6429' 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: TD NOTICE/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 referenced well TD'd @ 1000 hrs on 11/30/90 @ 3180'. RU and ran 5 1/2" 17# K-70 LT&C casing, set @ 3180'. Cemented with 475 sx 65% Class "B"/35% Poz; tailed in with 250 sx Class "B". Circulated good cement to surface. WOCU. Will test casing when RU to complete.

RECEIVED
DEC 06 1990
OIL CON. DIV.
DIST. 3

xc: NMOC-D-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 12/4/90

TYPE OR PRINT NAME Carolyn L. McKee (806) 378-1000 TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE DEC 06 1990

CONDITIONS OF APPROVAL, IF ANY: