

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.)

7. Lease Name or Unit Agreement Name

HUBBARD GAS COM "B"

8. Well No. # 1

9. Pool name or Wildcat  
Basin Fruitland Coal

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 ☐ *Operator Change from*  
OTHER: CHANGE WELL NAME/CEMENT PROGRAM ☒

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.

Mesa Operating Limited Partnership, as operator, would like to change the above well name to the FC FEE COM # 2. We are also changing the TD of the well to 3190' and setting 8 5/8" @ 200' with 150 sx "B"/2% CC, circulated to surface; 5 1/2" 17# will be run to 3190' and cemented with 400 sx Poz/250 sx "B", circulated to surface. The 2 3/8" tubing will be run to 3100'.

**RECEIVED**

OCT 1 1990

**OIL CON. DIV.]**  
**DIST. 3**

re: NMOCD-A (0+5), WF, Reg, Land, Expl., Drilg.

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 9/27/90

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

(This space for State Use)

Original Signed by **FRANK T. CHAVEZ**

SUPERVISOR DISTRICT # 3

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 0 - 1990

CONDITIONS OF APPROVAL, IF ANY: