

OIL CONSERVATION DIVISION

P O BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. 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 TO DRILL FORM C-101 FOR SUCH PROPOSALS.

1. OIL ☐ GAS ☐ OTHER: Re-entry

2. Name of Operator
Mesa Petroleum Co.

3. Address of Operator
P. O. Box 2009 / Amarillo, Texas 79189

4. Location of Well
UNIT LETTER 1L 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 27 TOWNSHIP 18S RANGE 35E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Paula

9. Well No.
1

10. Field and Pool, or Allotment
Undes. S. Vacuum-Bone Spring

11. Elevation (Show whether DF, RT, GR, etc.)
3886' GR

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

17. 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.

Propose to P&A well as follows:

Set CIBP @ 8610' plus 35' of cement (Bone Spring perms (8713'--8828')).
Cut off 5 1/2" csg at approximately 8200'.
Set 25 sx "C" 50' in and out of 5 1/2" csg stub & load hole 9 ppg mud laden fluid.
Set 25 sx "C" from 5800' to 5700' (top of San Andres).
Set 25 sx "C" from 3850' to 3750' (9 5/8" csg shoe).
Set 25 sx "C" from 3525' to 3425' (9 5/8" csg perms).
Set 25 sx "C" from 1800' to 1700' (top of salt).
Set 25 sx "C" from 400' to 300' (13 3/8" csg).
Set 10 sx "C" from 100' to surface.
Install dry hole marker.

AMENDED: CIBP setting depth

XC: NMOCD-H (O+2), CEN RCDS, ACCTG, MAT CONT, MIDLAND, ROSWELL, OPS(FILE), PARTNERS

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. E. Mathis TITLE Regulatory Coordinator DATE 11-1-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 4 1983

CONDITIONS OF APPROVAL, IF ANY: