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

OIL CONSERVATION DIVISION

WELL API NO. 30-045-27505

	P.O.	Box 20			. •
Santa	Fe. New	Mexico	8750	4-2088	

Santa Fe, New Mexico 87504-2088	30-043-27303	
F.O. Diswa DD, Aresia, RM 88210	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lesse No.	
SUNDRY NOTICES AND REPORTS ON WELLS	E 5226-2	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7 1 200 100 100 100 100 100 100 100 100 1	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
i. Type of Well:	FC STATE COM	
OL GAS WELL X OTHER		
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP	8. Well No. # 10	
B. O. BOY 2000 AVARIAGE TO LOC	9. Pool same or Wildcat	
P.O. BOX 2009, AMARILLO, TEXAS 79189	Basin Fruitland Coal	
	90' Feet From The East Line	
rea rion the Line and /	Feet From The East Line	
Section 16 Township 29N Range 8W	NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		
6363' GR		
11. Check Appropriate Box to Indicate Nature of Notice, F	-	
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN		
PULL OR ALTER CASING CASING TEST AND C	EMENT JOB	
OTHER: EXTEN	D DRILLING PERMIT	
12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inclework) SEE RULE 1103. Mesa Operating Limited Partnership is hereby reques extend the drilling permit on the above well. This expired(s) on 4/16/90.	ting permission to	
APPROVAL EXPIRES	APR2 3 1990 OIL CON. DIV	
xc: NMOCD-Aztec (0+5), WF, Reg, Land, Expl., Drilli		
I hereby certify that the jaformation above is true path/complete to the best of my knowledge and belief.		
SIGNATURE ally To Mile TIME Regulatory A	nalyst DATE 4/20/90	
TYPE OR PRINT NAME	TELEPHONE NO.	
(This space for State Use)		
	ADD A 4 4000	
Original Signed by FRANK T. CHAVEZ	MSTRICE . APR 2 4 1990	
APPROVED BY TITLE	DATE	

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL PROSES
TOUGHESS PROGUED OF COMMENCE OF THE SERVICE AND THE SERVICE AN