

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-045-27620

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-3149

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

FC STATE COM

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. # 17

2. Name of Operator
MESA OPERATING LIMITED PARTNERSHIP

9. Pool name or Wildcat
Basin Fruitland Coal

3. Address of Operator
P.O. BOX 2009, AMARILLO, TEXAS 79189

4. Well Location
Unit Letter K : 1580' Feet From The South Line and 1335' Feet From The West Line
Section 36 Township 29N Range 10W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5629' GR

11. 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 OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: OTHER: Spud Notice/Surface 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 was spud at 1430 hrs on 4/27/90 by Four Corners Rig # 5. Drilled to 242' and set 8 5/8" 24# J-55 ST&C casing, set @ 234'. Cemented with 150 sx Class "B" and circulated to surface. NU BOP and drilling ahead.

RECEIVED
MAY 03 1990
OIL CON. DIV
DIST. 3

xc: NMOCD-(0+5), Well File, Expl., Land, Reg, Drilling

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

SIGNATURE Charles L. McKee TITLE Regulatory Analyst DATE 5/1/90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE ADMINISTRATOR DISTRICT DATE MAY 03 1990

CONDITIONS OF APPROVAL, IF ANY: