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 DIVISIO	N WELL AR NO.
P.O. Box 2088  DISTRICT II  Santa Fe, New Mexico 87504-2088	30-045-27477
DISTRICT III	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. E 5317-1
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OH. GAS WELL X OTHER	FC STATE COM
2 Name of Operator MESA OPERATING LIMITED PARTNERSHIP	8. Well No.
3. Address of Operator P.O. BOX 2009, AMARILLO, TEXAS 79189	# 2  9. Pool name or Wildcat  Basin Fruitland Coal
4. Well Location G 1530' North	
Unit Letter $\frac{G}{}:\frac{1530}{}$ Feet From The $\frac{North}{}$ Line and ${}$	1650' Feet From The East Line
Section 32 Township 31N Range 9	
10. Elevation (Show whether DF, RKB, RT, GR, a	ac.)
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 WO	RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST A	AND CEMENT JOB
OTHER: OTHER: PROD	CSG/TD NOTICE X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data work) SEE RULE 1103.	es, including estimated date of starting any proposed
Drilled to a TD of 3280' on $6/25/90$ by Four Corners Rig $\#$ 5. Set 5 $1/2$ " $17\#$ I-70 LT&C casing at 3280'. Cemented with 200 sx Class "B" in 1st stage	
and 4/5 sx 65% Class "B" + 35% Poz in 2nd stage. TOC @ 1800' by CBL. WOCU.	
Will test casing when rig up to complete.	
	DECEIVED
	JUL1 2 1990
xc; NMOCD-A (0+6), WF, Reg, Expl., Drilling, Lar	oll CON. DIV
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	DIST. 3
SKONATURE ANDLE TITLE Sr. Regul	latory Analyst DATE 7/10/90
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
	ng pistingt 🕶 3
APPROVED BY TITLE	DATE JUL 1 3 1990
CONDITIONS OF APPROVAL, IF ANY:	