

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.	30-045-27496
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-453-20

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.)

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

7. Lease Name or Unit Agreement Name
FC STATE COM

8. Well No. # 3

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location
Unit Letter M : 970' Feet From The South Line and 1075' Feet From The West Line

Section 36 Township 31N Range 9W NMPM San Juan County

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

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 ☐
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 on 7/14/90 by Four Corners Rig # 6; drilled to a TD of 242'. RU and ran 9 5/8" 32.3# H-40 ST&C casing; cemented with 150 sx of Class "B". Circulated cement to surface. Drilling ahead.

RECEIVED

JUL 18 1990

OIL CON. DIV.
DIST. 3

xc: NMOCD-A (0+6) WF, Reg, Land, Expl., Drilling

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

SIGNATURE

Carolyn L. McKee

TITLE

Sr. Regulatory Analyst

DATE 7/16/90

TYPE OR PRINT NAME

Carolyn L. McKee

TELEPHONE NO. (806) 378-10

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 3

DATE

JUL 18 1990

CONDITIONS OF APPROVAL, IF ANY: