

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.
30-045-27908

5. Indicate Type of Lease
STATE FEE

6. 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'
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
FC FEE COM

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. # 2

2. Name of Operator
MESA OPERATING LTD 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 : 2100' Feet From The South Line and 1610' Feet From The West Line
Section 30 Township 32N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6429' 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 OTHER: CASING TEST AND CEMENT JOB
OTHER: _____ OTHER: SPUD NOTICE/SURF 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 spud @ 2315 hrs on 11/27/90 by Four Corners Rig # 6. Drilled to 232', RU and ran 8 5/8" 24# J-55 ST&C casing, set @ 222'. Cemented with 150 sx Class "B"; circulated good cement to surface; tested casing to 1000 psig, OK. Drilling ahead.

RECEIVED
DEC 05 1990
OIL CON. DIV.
DIST. 3

xc: NMOCD-A (0+5), WF, Reg, Land, Expl., Drlg.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Carolyn L. McKee TITLE Sr. Regulatory Analyst DATE 12/3/90
TYPE OR PRINT NAME Carolyn L. McKee (806) 378-1000 TELEPHONE NO.

(This space for State Use)
APPROVED BY DEPUTY OIL & GAS INSPECTOR, DIST. #3 TITLE SUPERVISOR DISTRICT # 3 DATE DEC 05 1990

CONDITIONS OF APPROVAL, IF ANY: