

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

AUG 12 1983

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
OPERATOR	

O. C. D.
ARTESIA OFFICE

3. Indicate Type of Lease	
State ☐	Fee ☒
5. 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.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER: Dry		7. Unit Agreement Name
2. Name of Operator Mesa Petroleum Co.		8. Farm or Lease Name James Com
3. Address of Operator P. O. Box 2009 / Amarillo, Texas 79189		9. Well No. 1
4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 22 TOWNSHIP 6S RANGE 24E		10. Field and Pool, or Wildcat Pecos Slope Abo
11. Elevation (Show whether DF, RT, GR, etc.) 3853' GR		12. County Chaves

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 OPS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

17. 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.

Drilled 6 1/2" hole to TD of 3800' on 8-9-83. Received verbal permission from NMOCD-A on 8-10-83 to P&A well and proceeded as follows:

Set 30 sx "C" + 2% CaCl from 3800'-3700'
Set 30 sx "C" + 2% CaCl from 3268'-3168'
Set 30 sx "C" + 2% CaCl from 1875'-1775' (7 5/8" csg @ 1825')
Set 30 sx "C" + 2% CaCl from 1000'-900' (10 3/4" csg @ 950')
Set 20 sx "C" + 2% CaCl from 100' to surface.

Installed Dry Hole Marker. Well is P&A 8-11-83.

XC: NMOCD-A (0+5), CEN RCDS, ACCTG, MAT CONT, MIDLAND, ROSWELL, OPS(FILE), PARTNERS

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

SIGNED R. E. Mathis TITLE REGULATORY COORDINATOR DATE 8-11-83

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: