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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JUN 16 1980

O. C. D.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
L-4494

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 <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator MESA PETROLEUM CO	8. Farm or Lease Name CAPROCK STATE COM
3. Address of Operator 1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>1</u> TOWNSHIP <u>16S</u> RANGE <u>31E</u> NMPM.	10. Field and Pool, or Wildcat UNDES QUEEN/PREMIER
15. Elevation (Show whether DF, RT, GR, etc.) 4393.7' GR	12. County EDDY

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Spudded well with Jenkins Cable Tool Rig at 8:00 AM, 5-18-80. Drilled 8" hole to 55' and set 13 3/8" conductor at 40' on 5-30-80. RD cable tool and MIRT on 5-31-80. Resumed drilling with 12 1/4" hole on 6-2-80.

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

TO R. E. P. P. P. TITLE Regulatory Coordinator DATE 6-5-80

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JUN 17 1980

CONDITIONS OF APPROVAL, IF ANY:

XC: NMOCD (3), TLS, JWH, JBH, PARTNERS, MEC, FILE