STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓ ✓
U.S.G.S.	
LAND OFFICE	
OPERATOR	✓

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

JUL 21 1983
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: L-324

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 [X] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Mesa Petroleum Co. ✓

8. Farm or Lease Name: Hondo "A" State

3. Address of Operator: P. O. Box 2009 / Amarillo, Texas 79189

9. Well No.: 2

4. Location of Well: UNIT LETTER E, 1980 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 20S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Avalon Delaware

15. Elevation (Show whether DF, RT, GR, etc.): 3231.2 GL

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Add perforations & acidize	[X]

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.

Added perforations to Avalon Delaware and acidized as follows: Set RBP @ 2900'.
Perfs: 2640', 42', 44', 46', 48', 50', 52', 54', 56', 58', 60'; total of 11 holes; .48" entry.
Acidized: 1500 gals EQH-152 acid + 22 Ball Sealers.
Released RBP and started well pumping on 7-19-83

XC: NMOCD (O+2), MAT CONT, CEN RCDS, ACCTG, PROD RCDS(FILE), ROSWELL, MIDLAND, PARTNERS

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

SIGNED [signature] TITLE REGULATORY COORDINATOR DATE 7-20-83

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE JUL 22 1983

CONDITIONS OF APPROVAL, IF ANY: