

OIL CONSERVATION DIVISION

P O BOX 2009

SANTA FE, NEW MEXICO 87501

Form (C-10)
Revised 10-1-7

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
OPERATION	

RECEIVED BY

APR 17 1986

1a. Lease Type of Lease
State ☐ Fee ☒
2. State (N. & Co. Lease No.)

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PRODUCTION TESTS OR FOR A WELL TO A DIFFERENT DEPARTMENT.
USE APPLICATION FOR PRODUCTION TESTS OR FOR A WELL TO A DIFFERENT DEPARTMENT.

1. ON ☐ OFF ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Mesa Operating Limited Partnership	8. Name of Lease Owner MOORE
3. Address of Operator P.O. Box 2009, Amarillo, Texas 79189	9. Well No. 2
4. Location of Well NE 1/4 E 1650 FEET FROM THE north LINE AND 660 FEET FROM west LINE, SECTION 35 TOWNSHIP 24S RANGE 26E	10. Field and Pool, or Other PJ Delaware
11. Elevation (Show whether DF, RT, GR, etc.) 3252.3' GR	12. County Eddy

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 PLUG ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND ELEMENT JOB ☐	OTHER ☐

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1603.

MI & RU pulling unit at 0900 hrs 5-3-85. Pulled 2 3/8" tbg, set cement retainer @ 3341' - loaded hole with 9.6 ppg brine. Spotted 75 sx cement in Delaware perms 4823-4827'; displace with 68 hbbs - TOC @ 4500'. Spotted 5 sx cement on top of cement retainer. Circulated hole with 9.7 ppg mud laden brine; spotted 25 sx cement plug @ 2713-2813'; 1827-1929' and 200-300'. ND BOP cut off well head; spotted 10 sx cement to surface. Welded on dry hole marker, RD & MO pulling unit at 1600 hrs 5-5-85. Witnessed by Weaver of NMOCD.

XC: WF, CR, Reg., Expl., Acctg, Partners, NMOCD (0+4)

Post ID-2
4-25-86
P&A

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

NAME Carelyn Cummings TITLE Regulatory Clerk DATE 4/16/86

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: