

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-045-27500

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. E 5226-1

(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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		FC STATE COM	
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP		8. Well No. # 8	
3. Address of Operator P.O. BOX 2009, AMARILLO, TEXAS 79189		9. Pool name or Wildcat Basin Fruitland Coal	
4. Well Location Unit Letter L : 2040 Feet From The South Line and 1220 Feet From The West Line Section 32 Township 29N Range 8W NMPM San Juan County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5835' GR			

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:			<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: TD NOTICE/PROD 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 well TD'd at 2420' on 9/24/90. RU and ran 5 1/2" 17# I-70 LT&C casing, set @ 2420'; cemented with 350 sx 65% Class "B" and 35% Poz; tailed in with 225 sx Class "B". Circulated good cement to surface. WOCU. Will test casing when RU to complete.

RECEIVED
OCT 1 1990
OIL CON. DIV.
DIST. 3

xc: NMOCD-A (0+6), 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 Charles R. McKee TITLE Sr. Regulatory Analyst DATE 9/26/90

TYPE OR PRINT NAME Carolyn L. McKee (806) 378-1000 TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: