

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.	30-045-27505
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E 5226-2

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	7. Lease Name or Unit Agreement Name FC STATE COM
2. Name of Operator MESA OPERATING LIMITED PARTNERSHIP	8. Well No. # 10
3. Address of Operator P.O. BOX 2009, AMARILLO, TEXAS 79189	9. Pool name or Wildcat Basin Fruitland Coal
4. Well Location Unit Letter H : 1620 Feet From The North Line and 790 Feet From The East Line Section 16 Township 29N Range 8W NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6363' GR	

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: SPUD NOTICE/SURF 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 referenced well spud @ 1800 hrs on 9/25/90 by Four Corners Rig # 6. Drilled to 255', RU and ran 8 5/8" 24# WC-50 ST&C casing, set @ 246'. Cemented with 150 sx Class "B" cement. Circulated good cement to surface. Tested casing to 1500 psi, OK. Drilling ahead.

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

cc: 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 Carolyn L. 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 I. CHAVEZ

SUPERVISOR DISTRICT # 3

OCT 01 1990

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: