Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

P.O. Box 1980, Hobbs, NM \$8240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-045-27502 5. Indicate Type of Lesse STATE X FEE	
DISTRICT II				
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III				
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Loase No. B 10603-27	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO				
DIFFERENT RESER	PPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEI -101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement I	Name
I. Type of Well: OIL GAS WELL X	OTHER		FC STATE COM	
Name of Operator MESA OPERATING LIMIT	ED PARTNERSHIP		8. Well No. # 9	
3. Address of Operator P.O. BOX 2009, AMARI	LLO, TEXAS 79189		9. Pool name or Wildcat Basin Fruitland Co	al
4. Well Location Unit LetterM :9:	5 Feet From The South	Line and	335 Feet From The Wes	st Line
Section 36		inge S₩ #	NMPM San Juan	County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.) 6308 'GR		
	Appropriate Box to Indicate		_	
NOTICE OF INT	ENTION TO:	SUI	BSEQUENT REPORT OF	F:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	sing [
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND AB	ANDONMENT [
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: Extend	Drilling Permit	
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	tions (Clearly state all pertinent details, as	nd give pertinent dates, incl	uding estimated date of starting any proj	posed
extend the d	ng Limited Partnership rilling permit on the a pires on April 17, 199	above well. Th		
	PBERGVAL EMPIRES LA UPBLES DÉCURS ES SHUD LOTICE MUST ! WITHN 10 CAYS.		APRI 2 1990 CIL CON. DIV	ਹ
	ANTITALLY AN MAKEN		DIST. 3	
	tec (0+5), WF, Reg, La		ling	
I hereby certify that the information above in tru SEGNATURE	existed confinience to the best of my knowledge and	Regulatory	Analyst DATE 4/	/9/90
TYPE OR FRINT NAME			TELEPHONE N	ю.
(This space for State Use)				
Original Signed by	FRANK T. CHAVEZ	SUPERVISOR DI	STRICT S. AP	R 17 199
CONDITIONS OF APPROVAL, IF ANY:	m	ne	DATE	