

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.  
30-045-27502

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease 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 A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
MESA OPERATING LIMITED PARTNERSHIP

3. Address of Operator  
P.O. BOX 2009, AMARILLO, TEXAS 79189

4. Well Location  
Unit Letter M : 915 Feet From The South Line and 835 Feet From The West Line  
Section 36 Township 29N Range 8W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
6308' 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/TD/PROD CSG ☒

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 on 10/19/90 by Four Corners Rig #6.  
Drilled to 340', RU and ran 8 5/8" 24# WC-50 ST&C casing, set @ 326'.  
Cemented with 225 sx Class "B"; circulated good cement to surface; pressure  
tested casing to 1500 psig, OK. Drilled to TD of 3040' on 10/21/90; RU and  
ran 5 1/2" 17# I-70 casing, set @ 3040'; cemented with 460 sx 65% Class "B"  
35% Poz; tailed in with 200 sx Class "B" w/2% KCL; circulated good cement to  
surface. WOCU. Will test casing when RU to complete.

RECEIVED  
OCT 25 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 10/23/90

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

OCT 25 1990

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

CONDITIONS OF APPROVAL, IF ANY: