

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-045-27479
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 5384-1
7. Lease Name or Unit Agreement Name FC STATE COM
8. Well No. # 1
9. Pool name or Wildcat Basin Fruitland Coal

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 <u>G</u> : <u>2305'</u> Feet From The <u>North</u> Line and <u>1460'</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>31N</u> Range <u>8W</u> 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: PROD CSG/TD NOTICE ☒

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 TD'd @ 2820' @ 1745 hrs on 7/13/90. RU & ran 7" 23# N-80 LT&C casing, set @ 2820'; cemented with 400 sx Class "B"/Poz; tailed in w/100 sx Class "B". Circulated cement to surface. WOCU. Will test production casing when RU to complete.

RECEIVED
JUL 20 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 Carolyn L. McKee TITLE Sr. Regulatory Analyst DATE 7/18/90
TYPE OR PRINT NAME Carolyn L. McKee TELEPHONE NO. (806)378-1000

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT III DATE JUL 23 1990
CONDITIONS OF APPROVAL, IF ANY: