

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.
30-045-27514

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B 11479-10

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 7918-

7. Lease Name or Unit Agreement Name
FC STATE COM

8. Well No.
7

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location
Unit Letter N K : 1405 830 Feet From The South Line and 2720 2490 Feet From The West Line
Section 36 Township 30N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5750' 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: 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 referenced well TD'd @ 2580' on 10/8/90. RU and ran 5 1/2" 17# I-70 LT&C casing, set @ 2580'. Cemented with 375 sx 65% "B"/35% Poz followed by 200 sx Class "B". Circulated good cement to surface. WOCU Will test casing when RU to complete.

RECEIVED
OCT 12 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 10/10/90
TYPE OR PRINT NAME Carolyn L. McKee (806) 378-1000 TELEPHONE NO.

(This space for State Use)

Original Signed by **FRANK T. CHAVEZ**

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE OCT 12 1990

CONDITIONS OF APPROVAL, IF ANY: