

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.	30-045-27623
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B10796

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 G : 1870' Feet From The North Line and 1705' Feet From The East Line
Section 16 Township JUN Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5777' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>TD AND PRODUCTION CASING</u> <input checked="" type="checkbox"/>

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.

Drilled to a TD of 2320' on April 28, 1990. Set 5 1/2" 17# N-80 LT&C production casing at 2320'. Cemented with 335 sx 65% Standard and 35% Poz; tailed in with 175 sx Standard. Released Four Corners Rig # 5 and WOCU.

RECEIVED
MAY 03 1990
OIL CON. DIV.
DIST. 3

xc: NMOCD-A (0+5) Well File, Reg, Land, Expl., Drilling

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carolyn L. McKe TITLE Regulatory Analyst DATE 5/1/90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE MANAGER DISTRICT III DATE MAY 03 1990

CONDITIONS OF APPROVAL, IF ANY: