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

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	P.O. Box		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		30-045-28177	
DISTRICT III			5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.  B 11303-10	
SUNDRY NOT	ICES AND REPORTS ON I	WELLS		7777
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.)	OPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOF 1-101) FOR SUCH PROPOSALS.)	R PERMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: Oil GAS WELL X	стна		FC STATE COM	
2. Name of Operator MESA OPERATING LIMIT	ED PARTNERSHIP		8. Well No. # 24	
3. Address of Operator P.O. BOX 2009, AMARI			9. Pool name or Wildcat	
4. Well Location	<del> </del>			
Unit Letter :11	40' Feet From The South	Line and	Yest From The	Line
Section 36	Township 30N	Range 12W	NMPM San Juan	unty
		uher DF, RKB, RT, GR, etc.) 5819' GR	<i>Y////////////////////////////////////</i>	
11. Check	Appropriate Box to Indica	·	enort or Other Data	
NOTICE OF INT	FENTION TO:	_	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		NT [
PULL OR ALTER CASING	_	CASING TEST AND CI		
OTHER:			G TEST/PERF	X
12. Describe Proposed or Completed Opera	tions (Clearly state all pertinent detail		ding estimated date of starting any proposed	
work) SEE RULE 1103.			— g among any proposed	
from 1943' - 19 and 26,000# 40/ perforated Frui	83' w/4" casing gun v 70 sand + 186,500# 20	w/4 SPF. Frac'd wit D/40 sand. Set Bak '-1874' w/4 SPF; Fr	cforated Fruitland Coal ch 85,900 gals 30# Borate cer Model T CIBP @ 1921'; cac'd w/48,500 gals 30#	
xc:NMOCD-A (0+	6), WF, Reg, Land, Ex	kpl., Drlg.	OIL CON. DIV.	а
I hereby certify that the information above is the	And complete to the best of my knowledg	e and belief.		
SIGNATURE MALEN	11/The	mme Sr. Regulator	y Analyst DATE 11/2/90	
TYPEOR PRINT NAME Carolyn L.	МсКее	(806)	378-1000 TELEPHONE NO.	
(This space for State Use)				
Original Signed by F	rank t. Chavez	SUPERVISOR (	DISTRICT#3 NOV 0.5	1990