

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. 30-045-28179

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B 10976

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 N : 1170 Feet From The South Line and 1280 Feet From The West Line
Section 16 Township 30N Range 11W NMPM San Juan County

7. Lease Name or Unit Agreement Name
FC STATE COM

8. Well No.
30

9. Pool name or Wildcat
Basin Fruitland Coal

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5667' 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/SURFACE CSG/TD/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 spud @ 1100 hrs on 10/12/90 by Four Corners Rig # 6; drilled to 230' and RU and ran 8 5/8" 24# WC-50 ST&C casing, set @ 226'; cemented with 150 sx Class "B"; circulated good cement to surface; pressure tested casing to 1500 psi, OK. Drilled to TD of 2180' @ 0045 hrs on 10/14/90; RU and ran 5 1/2" 17# I-70 LT&C casing, set @ 2180'; cemented with 300 sx 65% Class "B"/35% Poz/6% gel, tailed in with 113 sx Class "B"; circulated good cement to surface. WOCU. Will pressure test casing when RU to complete.

xc: NMOCDA-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 10/22/90
TYPE OR PRINT NAME Carolyn L. McKee (806) TELEPHONE NO. 378-1000

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE DEC 07 1990

CONDITIONS OF APPROVAL, IF ANY: