Submit 3 Copies o Appropriate District Office

State of New Mexico

Ferre C.103

Energy, Mimerals and Natural Resources Department **Revised 1-1-29** OIL COINSERVATION DIVISION O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-045-28218 Samma Fe, New Mexico 87504-2088 O.O. Drawer DD, Artesia, NM 82210 5. Indicate Type of Lease STATE X FEE 000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Leage No. E 2662 SUNDRY NOTICES AND FIEPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO CIRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: FC STATE COM GAS X WELL Name of Operator 8. Well No. MESA OPERATING LIMITED PARTNERSHIP # 19 Address of Operator 9. Pool name or Wildcat P.O. BOX 2009, AMARILLO, TEXAS 79189 Basin Fruitland Coal Well Location G . 1455 Feet From The Unit Letter North 2000 East Line and Feet From The Line 36 Township 30N Section Range 9W **NMPM** San Juan County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5759' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PRESENTEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **EMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT JLL OR ALTER CASING CASING TEST AND CEMENT JOB SPUD NOTICE/SURF CASING THER: OTHER: 2. Describe Proposed or Completed Operations (Clearly seeme all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. The above referenced well spud @ 1700 hrs 10/02/90 by Four Corners Rig # 6. Drilled to 250', RU and ran 8 5/8" 24# WC-50 ST&C casing, set @ 240'; cemented with 150 sx Class "B" cement; circulated good cement to surface; tested casing to 1500 psi, OK. Drilling ahead. OCT 9 1990 OIL CON. DIV. NMOCD-A (0+6), WF, Reg, Land, Expl., Drlg

I hereby certify that if Sr. Regulatory Analyst DATE _10/4/90 SIGNATURE . Carolyn L. McKee (806) 378-1000 TYPE OR PRINT NAME TELEPHONE NO.

TITLE

(This space for State Use)

AFTROVED BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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