

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.	30-045-27477
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E 5317-1

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 : 1530' Feet From The North Line and 1650' Feet From The East Line

Section 32 Township 31N Range 9W NMPM San Juan County

7. Lease Name or Unit Agreement Name
FC STATE COM

8. Well No.
2

9. Pool name or Wildcat
Basin Fruitland Coal

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

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: PROD CSG/TD NOTICE ☒

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 3280' on 6/25/90 by Four Corners Rig # 5. Set 5 1/2" 17# I-70 LT&C casing at 3280'. Cemented with 200 sx Class "B" in 1st stage and 475 sx 65% Class "B" + 35% Poz in 2nd stage. TOC @ 1800' by CBL. WOCU. Will test casing when rig up to complete.

RECEIVED

FEB 07 1991

OIL CON. DIV.
DIST. 3

xc: NMOCDA (0+6), WF, Reg, Expl., Drilling, Land

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

SIGNATURE Carelyn L. McKee TITLE Sr. Regulatory Analyst DATE 7/10/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK E. GILBERT TITLE SUPERVISOR DISTRICT III DATE JUL 13 1990

CONDITIONS OF APPROVAL, IF ANY: