

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. 30-045-27478
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B 11240-75
7. Lease Name or Unit Agreement Name FC STATE COM
8. Well No. #4
9. Pool name or Wildcat BASIN FRUITLAND COAL

**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 H : 1340 Feet From The NORTH Line and 800 Feet From The EAST Line  
Section 36 Township 31N Range 9W NMPM SAN JUAN County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
6503' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>LINER</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.

HUNG 5-1/2" LINER AT 2977' TOP AND 3336' AT BOTTOM.

**RECEIVED**  
MAY 13 1991  
OIL CON. DIV.  
DIST. 3

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

SIGNATURE Deana R. Rea TITLE ADMINISTRATIVE CLERK DATE 5/8/91

TYPE OR PRINT NAME DEANA R. REA TELEPHONE NO. (806) 378-1000

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE MAY 13 1991

CONDITIONS OF APPROVAL, IF ANY: