

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.
30-045-27480

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 : 2025 Feet From The North Line and 1330 Feet From The East Line
Section 19 Township Range TOWNSHIP * NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6073' GR

7. Lease Name or Unit Agreement Name

FC DECKER PRIMO COM

8. Well No.
2

9. Pool name or Wildcat
Cedar Hill Basin Fruitland Coal

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 NOTICE/SURFACE CSG/PROD CSG ☒

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 on 8/24/90 by Four Corners Rig # 6.
Drilled to TD of 244'; RU and ran 9 5/8" 36# J-55 ST&C casing, set @ 235'.
Cemented with 150 sx Class "B"; circulated good cement to surface. Tested
9 5/8" to 1000 psi, OK. Drilled to TD of 2470' on 8/26/90. RU and ran
7" 23# N-80 LT&C casing, set @ 2470'. Cemented with 375 sx 65% Class "B"
and 35% Poz, tailed in with 100 sx Class "B". Circulated good cement to
surface. WOCU. Will test casing when RU to complete.

RECEIVED

AUG 29 1990

OIL CON. DIV
DIST. 3

cc: NMOCD-A (0+5), 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

TYPE OR PRINT NAME Carolyn L. McKee

DATE 8/27/90

(806) 378-1000
TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY

TITLE

DATE

AUG 29 1990

CONDITIONS OF APPROVAL, IF ANY: