

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-045-27496

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E 453-20

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.)

7. Lease Name or Unit Agreement Name

FC STATE COM

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
MESA OPERATING LIMITED PARTNERSHIP

8. Well No. # 3

3. Address of Operator
P.O. BOX 2009, AMARILLO, TEXAS 79189

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location
Unit Letter M : 970' Feet From The south Line and 1075' Feet From The west Line
Section 36 Township 31N Range 9W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5928' 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: 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.

The above referenced well TD'd @ 1200 hrs @ 2479' on July 16, 1990. RU and ran 7" 23# N-80 LT&C casing, set at 2429'; cemented with 300 sx Class "B"/Poz, tailed in with 100 sx Class "B"; did not circulate cement to surface. Will run CBL and test casing when RU to complete. WOCU.

RECEIVED
JUL 20 1990
OIL CON. DIV.
DIST. 3

xc: NMOCD-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 Cecolyn L. McKee

TITLE Sr. Regulatory Analyst

DATE 7/18/90

TYPE OR PRINT NAME Cecolyn L. McKee

(806) 378-1000
TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 1

DATE JUL 23 1990

CONDITIONS OF APPROVAL, IF ANY: