Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-045-27524

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E 4426-1B

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 [X] OTHER

2. Name of Operator: MESA OPERATING LIMITED PARTNERSHIP

8. Well No. # 12

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

9. Pool name or Wildcat: Basin Fruitland Coal

4. Well Location
Unit Letter A : 1155 Feet From The North Line and 1255 Feet From The East Line
Section 36 Township 32N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6183' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Casing Test/Prod Liner [X]	

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.

Pressure tested 7" production casing to 2500 psig, held OK. Drilled to TD of 2982'; RU and ran 5 1/2" 23# N-80 FL4S production liner, set @ 2982'. 5½" liner - 2975'-2982' - Open hole completion - no perforations.

RECEIVED
FEB 08 1991
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 Carolyn L. McKee TITLE Sr. Regulatory Analyst DATE

TYPE OR PRINT NAME Carolyn L. McKee (806) 378-1000 TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE FEB 08 1991

CONDITIONS OF APPROVAL, IF ANY: