

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.	30-045-27524
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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

8. Well No.

12

9. Pool name or Wildcat

Basin Fruitland Coal

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 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:

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: TD NOTICE/PROD CASING ☒

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 on 8/30/90 at 2675'. RU and ran 7" 23# N-80 LT&C casing, set @ 2675'. Cemented with 400 sx 65% Class "B"/35% Poz; tailed in with 100 sx Class "B". Circulated good cement to surface. WOCU. Will test casing when RU to complete.

RECEIVED
SEP 04 1990
OIL CON. DIV
DIST. 3

xc: NMOC-D-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

Catalyn L. McKee

TITLE

Sr. Regulatory Analyst

DATE

8/31/90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

APPROVED BY

TITLE

DATE

SEP 04 1990

CONDITIONS OF APPROVAL, IF ANY:

