## Submit 3 Copies to Appropriate

## State of New Mexico Fremy, Minerals and Natural Resources Department

Form C-103

District Office	Zamaji, minima and manufa	resources Department	Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Por 2009		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088		30-045-27550
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-453-7
SUNDRY NOT (DO NOT USE THIS FORM FOR PRO	ICES AND REPORTS ON W	ELLS	
MILLERENI HESE	RVOIR. USE "APPLICATION FOR I -101) FOR SUCH PROPOSALS.)	PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:			FC STATE COM
WELL WELL X  2. Name of Operator	OTHER		
Mesa Operating Lim  3. Address of Operator	ited Partnership		8. Well No. # 14
P.O. Box 2009, Ama	rillo, Texas 79189		9. Pool name or Wildcat
4. Well Location		. •	Basin Fruitland Coal
Unit Letter :1.20.	5 Feet From The Sou	th Line and 17	730' Feet From The West Line
Section 36	Township 32N	Range 12W	NMPM San Juan County
		er DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	Casing Test/Perfs X
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent details,	and give pertinent dates, inclu	ding estimated date of starting any proposed
MIRU Petro On May 7 1	Wireline, Ran CR/CCL/	CBL from 2845' P	BTD to 300' on May 4, 1990.
and frac ma	iniioid to 5000 psi to	or 30 minutes. O	Pressure tested casing  K. Perf'd Fruitland
Coal w/4" c	easing gun w/4 SPF fro	om 2716'-2766'.	TOTAL TRUETAIN
			BECEINED
			M = G = G [ ]
			MAY1 6 1990
			OIL CON. DIV.
			DIST. 3
×g: NMOCD-A	(0+5), WF, Reg/ Land	, Expl.	
I hereby certify that the information above is true	and complete to the best of my knowledge as		
SIGNATURE MULICIPALITY	h- // Tee	Regulatory An	nalyst 5/14/90
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)			
APPROMITTO BY		AUERYISOR DISTR	MAY 1 6 1990

- TITLE -

APPROVED BY ---