

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. 30-045-27636
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 2662
7. Lease Name or Unit Agreement Name FC STATE COM
8. Well No. # 15
9. Pool name or Wildcat Basin Fruitland Coal
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6408' GR

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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 : 1590 Feet From The North Line and 1175 Feet From The East Line Section 36 Township 32N Range 12W NMPM San Juan County	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 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 was spud on 9/05/90 by Four Corners Rig # 6. Drilled to TD of 250'; RU and ran 8 5/8" 24# WC 50 ST&C casing, set @ 240'; cemented with 150 sx Class "B"; circulated good cement to surface; tested 8 5/8" to 1500 psi. OK. Drilling ahead.

RECEIVED
SEP 10 1990
OIL CON. DIV.
DIST. I

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 Charles Gholson TITLE Sr. Regulatory Analyst DATE 9/7/90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

Original Signed by CHARLES GHOLSON

APPROVED BY _____ TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE SEP 10 1990

CONDITIONS OF APPROVAL, IF ANY: