

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. 30-045-27908
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name FC FEE COM
8. Well No. # 2
9. Pool name or Wildcat Basin Fruitland Coal

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 ☐ 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 K : 2100 Feet From The south Line and 1610 Feet From The west Line
Section 30 Township 32N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
6429' 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: CASING TEST/PERF ☒

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 5 1/2" casing to 5000 psig, held OK. RU Petro Wireline and perforate the Fruitland Coal from 2798-3041' w/4" csg gun w/Goex 22 gram charges (EHD=.51") 4 SPF. Frac'd with 6000 gal 30# linear prepad; 91,000 gal 30# Borage w/32,000# 40/70 and 168,000# 20/40 Brady sand. ISIP = 1186 psig.

RECEIVED

JAN 22 1991

OIL CON. DIV.
DIST. 3

xc. NMOCDA (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 L. McKee TITLE Sr. Regulatory Analyst DATE 1/17/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____ TITLE SUPERVISOR DISTRICT # 3 DATE JAN 22 1991

CONDITIONS OF APPROVAL, IF ANY: