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| OPERATOR | | |

S   2 5 1980

O. C. D.
ARTESIA, OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

**5a. Indicate Type of Lease**

State [X]      Fee [ ]

**5. State Oil & Gas Lease No.**

E - 10160

# 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.**

OIL WELL [ ]      GAS WELL [ ]      OTHER- **DRY WELL**

**2. Name of Operator**

MESA PETROLEUM CO

**3. Address of Operator**

1000 VAUGHN BUILDING/MIDLAND, TEXAS 79701

**4. Location of Well**

UNIT LETTER __M__, __660'__ FEET FROM THE __SOUTH__ LINE AND __660'__ FEET FROM

THE __WEST__ LINE, SECTION __22__ TOWNSHIP __16S__ RANGE __34E__ NMPM.

**7. Unit Agreement Name**

**8. Farm or Lease Name**

KEMNITZ STATE

**9. Well No.**

1

**10. Field and Pool, or Wildcat**

HUME QUEEN

**15. Elevation** *(Show whether DF, RT, GR, etc.)*

4090' GR

**12. County**

LEA

**16.**

## 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 [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [X] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER _____ [ ] | | OTHER _____ | [ ] |

17. 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.

Commenced P&A operations on 9-18-80. Set 5 sx "C" on CIBP at 4309'. Set Plug #1 with 20 sx "C" + 2% CaCl from 4100' to 4000'. Set Plug #2 with 20 sx "C" + 2% CaCl from 1660' to 1560'. Set Plug #3 with 20 sx "C" + 2% CaCl from 100' to surface and installed dry hole marker. Well plugged and abandoned 9-19-80.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

~D __R. G. Martin__ CCW      TITLE __REGULATOR COORDINATOR__      DATE __9-24-80__

APPROVED BY _____      TITLE _____      DATE _____

CONDITIONS OF APPROVAL, IF ANY: XC: NMOCD (6), TLS, CEN RCDS, ACCTG, HOBBS, MEC, JBH, PARTNERS, FILE