

STATE OF NEW MEXICO
EDWARD L. GOREN, DIRECTOR
REGULATORY COORDINATOR
WATER
WATERSHED
WELL
WILDERNESS
WILDLIFE
WIND AND SOLAR ENERGY
OPERATOR

OIL CONSERVATION DIVISION
P.O. BOX 3298
SANTA FE, NEW MEXICO 87501

Form O-100
Revised 10-1-81
State of New Mexico
New Mexico Oil and Gas Conservation Commission

State
Oil and Gas Lease No.
77-11302

SUNDAY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR FEDERAL WELLS. USE FEDERAL FORMS FOR FEDERAL WELLS. USE STATE FORMS FOR STATE RESOURCES.

WELL #

Cap. Well

Street: Cemetery

Well Operator Name

Paula

Well No.

1

Field and Pool, or Number

Hedges, S. Vacuum-Bone Springs

Mesa Petroleum Co.,
Address of Operator

P. O. Box 2009 / Amarillo, Texas 79189

Location of Well

Section Center *L* 1840 feet from the SW 1/4 corner
THE West LINE SECTION 17 TOWNSHIP 38 RANGE 3 ELEVATION 5886' GR
Elevation of Well: Elevation of well whether LF, AT, GH, etc.
1. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OR:

ABANDON PERMANENTLY
TEMPORARILY ABANDON
PLUG OR ALTER CASING

PLUG AND ABANDON
CHARGE PLANS

REMEDIAL WORK
COMMENCE DRILLING OPERATIONS
DRILLING TEST AND DRAIGHT LOG
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

I declare I certify or completed operations (briefly state all pertinent details, and give pertinent dates) including estimated date of starting any proposed work. SEE RULE 11C3

I propose to PIA well as follows:

Set CCBP 9 8/16" plus 35' of cement (Bone Spring perfs (8102-4818')).
Cut off 5 1/2" csg at approximately 8200'.
Set 25 sx "C" 50' in and out of 5 1/2" csg stub 6 lead hole 9 5/8" mud ladder fluid.
Set 25 sx "C" from 6800' to 5700' (top of San Andres).
Set 25 sx "C" from 3850' to 3750' (9 5/8" csg shoe).
Set 25 sx "(C" from 3525' to 3425' (9 5/8" csg perfs).
Set 25 sx "C" from 1800' to 1700' (top of salt).
Set 25 sx "C" from 400' to 300' (13 3/8" csg).
Set 10 sx "C" from 100' to surface.
Install dry hole marker.

XG: NMOCB-H (0+2), CEN RCDs, ACCTG, MAT CONT, MIDLAND, ROSWELL, OPSFILE, PARTNERS

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

R. E. Mathis

TITLE Regulatory Coordinator

DATE 11-1-83

APPROVED BY
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

DATE NOV 3 1983