

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	For ☐
5. State Oil & Gas Lease No.	
LG-740	

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		7. Unit Agreement Name
2. Name of Operator Mesa Petroleum Co.		8. Farm or Lease Name Vacuum State
3. Address of Operator P. O. Box 2009 / Amarillo, Texas 79189		9. Well No. 4
4. Location of Well UNIT LETTER <u>I</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE. SECTION <u>4</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> <u>WPM.</u>		10. Field and Pool, or Wildcat Undes. Scharb Wolfcamp
11. Elevation (Show whether DF, RT, GR, etc.) 3891.1' GR		12. County Lea

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Perforate & Acidize - Plug back</u> ☒

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.

Ran GR-CBL-CCL on 8-14-83. TOC at 4200'. Perforated Wolfcamp from 10,399-401'; 10,496-501'; 10,507-514'; 10,518-519'; 10,522-26'; and 10,596-605'; 1 JSPPF, total of 34 holes, .48" EHD. Acidized perfs on 8-15-83 with 6800 gal 15% NE-FE acid + additives + 68 BS. 232 BLWTR. No oil or gas recovered. Set CIBP @ 10,310' plus 35' of cement. Will attempt completion in Scharb-Bone Springs.

XC: NMOCD-H (0+3), CEN RCDS, ACCTG, MAT CONT, MIDLAND, ROSWELL, OPS(FILE), PARTNERS

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

SIGNED R. E. Machis TITLE REGULATORY COORDINATOR DATE 8-17-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 19 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 18 1983
O.C.D.
HQS-ES OFFICE