

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER-	7. Unit Agreement Name
2. Name of Operator Manana Gas, Inc.	8. Farm or Lease Name Clarence
3. Address of Operator P.O. Box 36990, Albuquerque, New Mexico 87176	9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>340</u> FEET FROM THE <u>North</u> LINE AND <u>2306</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>29N</u> RANGE <u>11W</u> NMPM.	10. Field and Pool, or Wildcat Bloomfield Farmington
15. Elevation (Show whether DF, RT, GR, etc.) 5495 GR	12. County San Juan

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <input checked="" type="checkbox"/>

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.

Plugged and abandoned well on June 28, 1986
Pumped 35 sack of class B cement with no additive (40CF) down 3½"
casing. Filling it from 750' T.O. to surface.
Gas shut off completely.
Set dry hole marker on top of casing.
Removed our surface equipment.
Cleaned up location

RECEIVED
JUL 30 1986
OIL CON. DIV.
DIST. 3

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

SIGNED Ed Hartman TITLE President DATE 6/29/86

Original Signed by CHARLES GHOLSON

APPROVED BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE MAR 11 1987

CONDITIONS OF APPROVAL, IF ANY: