Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-62579

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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..." for such proposals.)

7. UNIT AGREEMENT NAME

1.	OIL WELL ☒	GAS WELL ☐	OTHER

2. NAME OF OPERATOR
MANZANO OIL CORPORATION   505-623-1996

3. ADDRESS OF OPERATOR
P.O. BOX 2107 ROSWELL, N.M. 88202-2104

8. FARM OR LEASE NAME
West Water Feder

9. WELL NO.
6 #1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
380' FNL & 2310' FEL (NW/4 NE/4)
SEC. 6 T30N, R15W   B

10. FIELD AND POOL, OR WILDCAT
VERDE (Gallup)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 6, T30N R15W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) Fix ROAD, Equit & test well	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Request 60 days to get ① road fixed
② Equit well & ③ Test well

RECEIVED
OCT 24 1990
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES _____ NOV 1 _____

APPROVED

18. I hereby certify that the foregoing is true and correct

SIGNED _____   TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

DATE 9-10-90
SEP 13 1990

DATE
Ken Townsend
AREA MANAGER
FOR FARMINGTON RES

*See Instructions on Reverse Side