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LAND OFFICE	
OPERATOR	

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 Fee

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Manzano Oil Corporation	8. Farm or Lease Name Troy
3. Address of Operator P.O. Box 2107, Roswell, NM 88202-2107	9. Well No. 1
4. Location of Well UNIT LETTER <u>D</u> , <u>660'</u> FEET FROM THE <u>North</u> LINE AND <u>660'</u> FEET FROM THE <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>T2S</u> RANGE <u>R33E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4172' GR	12. County Roosevelt

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

7/3/88 Spudded 12-1/4" hole @ 4:45 p.m. 7/3/88.
7/7/88 Drilled to 2661'. Ran 62 joints (2649') 8-5/8" 24 & 32# J55 casing. Set and cemented @ 2661' w/1000 sacks Halliburton Lite w/ 1/4# floreal, 2% CaCl and 250 sacks Premium Plus w/2% CaCl. Circulated 150 sacks to surface. Plug down @ 9:00 p.m. on 7/7/88.

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

SIGNED Jackie Midkiff TITLE Jackie Midkiff/Landwoman DATE 7/19/88

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: