Submit 3 Copies To Appropriate District Office	State of Ne	w Mexico		Form C-103
District I	l .:gy, Minerals and Natural Resources		F	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.	WELL API NO. 30-025-29068	
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410)		
District IV Santa Fe, NM 87505			Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505			LG-2619	Gas Ecase 110.
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. Type of Well:				or Unit Agreement Name:
Oil Well Gas Well Other				
2. Name of Operator			8. Well No.	
Manzano Oil Corporat	ion		1	
3. Address of Operator P.O. Box 2107, Roswe	11, NM 88202-2107		9. Pool name or Eumont Yate	Wildcat es; 7-Rivers
4. Well Location				
Unit Letter G :	1980 feet from the N	lorth line and _	1980 feet fro	om the <u>East</u> line
Section 13	Township 20S	Range 35E	NMPM Lea	County NM
	10. Elevation (Show when		4 12 24 11 1	County
3646.1' GL				
11. Check A	propriate Box to Indica	ate Nature of Notice	, Report or Other	Data
NOTICE OF INTENTION TO: SUB			BSEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WO	ORK 🗆	ALTERING CASING \square
TEMPORARILY ABANDON	CHANGE PLANS		RILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST CEMENT JOB	AND	ABANDONMENT
OTHER:	Г	OTHER:		
12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 1. Set 100' cement plug @ 8-5/8" shoe from 4070' back to 3970'—TAG 2. Cut off 4-1/2" csg @ 3900'. Recover.—TAG 3. Set 100' cement plug @ 13-3/8" shoe from 463' back to 363'. TAG 4. Set 10 sks surface plug. 5. Install dry hole marker.				
	above is true and complete in the complete in	o the best of my knowled	ering	DATE4/14/00_ phone No. (505) 623-1996
(This space for State use)	-			
APPPROVED BY Conditions of approval, if any:		LE		DATE DY 25
conditions of approval, if any:				