

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-01853
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-325
7. Lease Name or Unit Agreement Name State "24"
8. Well No. 1
9. Pool name or Wildcat Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4136' GR

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: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Manticore Resources
3. Address of Operator 200 N. Loraine Suite 1230 Midland, Tx. 79701
4. Well Location Unit Letter L : 1980' Feet From The South Line and 660' Feet From The West Line Section 24 Township 12 South Range 34 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4136' GR
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

2-6-93
Move in and rig up Sitton Drlg. Co. Rig #5. Weld on head, Nipple up BOP and test to 1500# for 30 min. Start in hole with bit.

2-7-93
Cleaning out hole at 4226'

2-8-93
Cleaning out hole at 7403'

2-9-93
TD hole at 9500'

2-10-93
Rig up and run 246 joints, 9628' 5 1/2" 17# J-55 & L-80 LT&C casing. Set casing at 9628'. PBTD--9588'. Cemented casing with 400 sx. Class "C" + .6% Halad-9 3#/sx KCL. Yield 1.18 cu/ft @ 15.6#/gal. Bumped plug with 2000# and held for 30 min. Released rig at 8:00 PM MST 2-10-93.

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

SIGNATURE Gene Lee TITLE Agent DATE 2-18-93

TYPE OR PRINT NAME Gene Lee TELEPHONE NO. 622-7355

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE JUL 12 1993

CONDITIONS OF APPROVAL, IF ANY:



LTR



Job separation sheet

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells) 30-025-01853	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. VB-325	
7. Lease Name or Unit Agreement Name State 24	
8. Well No. 1	
9. Pool name or Wildcat Wildcat	
10. Proposed Depth 9400'	
11. Formation Abo	
12. Rotary or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 4136' GR	
14. Kind & Status Plug. Bond Single Well	
15. Drilling Contractor Sitton Drlg.	
16. Approx. Date Work will start ASAP	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work: DRILL <input type="checkbox"/> RE-ENTER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	

2. Name of Operator Manitcore Resources

3. Address of Operator 200 N. Lorraine Suite 1230 Midland, TX 79701

4. Well Location Unit Letter L : 1980 Feet From The South Line and 660' Feet From The West Line Section 24 Township 12 South Range 34 East NMPM Lea County
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10. Proposed Depth 9400'	11. Formation Abo	12. Rotary or C.T. Rotary
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13. Elevations (Show whether DF, RT, GR, etc.) 4136' GR	14. Kind & Status Plug. Bond Single Well	15. Drilling Contractor Sitton Drlg.	16. Approx. Date Work will start ASAP
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17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	51#	310'	325 sx	Circ.
11 "	8 5/8"	24 & 32#	4260'	2100 sx.	Circ.

Above casing is in hole now.

Operator proposed to re-enter well and clean out cement plugs to a total depth of 9400'. At this time logs, and/or tests may be run and 5 1/2" casing set to 9400'. Well will be perforated, tested, and stimulated as necessary for commercial production. Wellhead will be installed on existing casing.

BOP Program: A 3000# working pressure BOP will be installed & tested Daily.

Mud Program: Salt gel and starch will be used.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE H. E. Gene Lee TITLE Agent DATE 2-2-92
TYPE OR PRINT NAME H. E. Gene LEE TELEPHONE NO. 622-7355

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless ~~Drilling~~ Underway.
Re-entry

FEB 04 1993

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Manticore Resources		Lease State 24		Well No. 1
Unit Letter L	Section 24	Township 12 South	Range 34 East	County Lea
Actual Footage Location of Well: 1980 feet from the South line and 660' feet from the West line				
Ground level Elev. 4136'	Producing Formation Abo		Pool Wildcat	Dedicated Acreage: 40 Acres
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communization, unitization, force-pooling, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____)</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>				
				OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature <i>H. E. Gene LEE</i> Printed Name H. E. Gene LEE Position Agent Company Manticore Resources Date February 2, 1993
				SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed See original file Signature & Seal of Professional Surveyor _____ Certificate No. _____

MANULOCORE RESOURCES

State 24-1

