

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Geology, Minerals and Natural Resources

Form C-103 C/SF
Revised March 25, 1999 EP

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-005-60595
5. Indicate Type of Lease
STATE ☐ FEE ☒
6. 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. Type of Well:
Oil Well ☐ Gas Well ☐ Other Water Injection Well

2. Name of Operator
Manzano Oil Corporation

3. Address of Operator
P.O. Box 2107, Roswell, NM 88202-2107

4. Well Location
Unit Letter E : 2310 feet from the North line and 330 feet from the West line
Section 31 Township 8S Range 29E NMPM County Chaves
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3969' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING CPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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 recompletion.

5/31/00 Released pkr. TOOH. TIH w/pkr & tbq. RU Halliburton. Circulate annulus w/2% KCl. Pump 28 bbls Angel. Set pkr @ 2622'. Pressured up backside to 300 psi. Held ok.
6/05/00 RU kill truck. Pressure up backside to 500 psi. Held ok. (See attached chart.)



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

SIGNATURE Michael G. Hanagan TITLE Geologist DATE 6/09/00

Type or print name Michael G. Hanagan Telephone No. (505)623-1996
(This space for State use)

APPROVED BY Michael G. Hanagan TITLE Field Rep II DATE 7/27/2000
Conditions of approval, if any: