					4		
Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department			U.S.	<u>с гол</u>	m C-103 ised 1-1-89	
DISTRICT I		NSERVATI	ON DIVISION	/	N		
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St.			WELL API NO.1			
DISTRICT II		Santa Fe, NM	87505	30-005-60823			
P.O. Drawer DD, Artesia, NM 88210				sIndicate Type of Le	ase	FEE	
<u>DISTRICT III.</u> 1000 Rio Brazos Rd., Aztec, NM 87410				•State Oil & Gas Le		FEC Z	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIL USE "APPLICATION FOR PERMIT"				7Lease Name or Unit Agreement Name Twin Lakes San Andres Unit			
1Type of Well:	M C-101) FOR SUCH	PROPOSALS.)		-			
OIL GAS WELL C	7	OTHER					
aName of Operator					⊎Well No.		
MANZANO OIL CORPORATION				22			
Address of Operator				Pool name or Wildcat			
P.O. BOX 2107 - ROSWELL, Well Location	NM 88202-2107	····		Twin Lakes Sa	n Andres (Asso	ociated)	
Unit Letter <u>B</u> : <u>990</u>	0 Feet From The	NORTH	Line and2310	Feet From The	EAST	Line	
31 Section 8s	s Township	29e	Range	NMPM	CHAVES	County	
ander ander en	10Eleva	tion (Show whether Di					
	Appropriate Bo	x to Indicate N	Nature of Notice, Re	port, or Other SEQUENT R		•	
ERFORM REMEDIAL WORK	PLUG AND		REMEDIAL WORK			-	
ILL OR ALTER CASING					PLUG AND ANI	SANDONWENT	
L					IA (1)		
THER:			OTHER:	(*	H 1851	4-7-00	
work) SEE RULE 1103. 3/6/00 MIRU MEW Well Servic stuck @ 160', pulled loose & rea 3/7/00 TIH w/4jts tubing & coul 3/8/00 TIH w/88jts tubing to top 3hrs, TIH w/tbg. & tagged top o back, tag cement @ 68', pump casing into cemment & left 4' sti	covered 3jts 4.5" ca ld not get in stub, cu p of perfs (2708'), R if cement @ 1749', j 50sx Class C cmt w	sing w/CIBP It tubing collar as U BJ Services & p pumped 175sx CI //2% CaCl, circula	guide an got back in stu pumped 175 sx Class C ass C cmt. w/2% CaCl, o ate cement to working pit	b cmt. w/2% CaCl, circulate cement to	POOH to top of working pit, ce surface, stabbe	stub, WOC	
I hereby certify that the information above signature the second se	ve is true and complete to	-	ledge and belief. TITLE Agent		DATE	7-00	
TYPE OR PRINT NAME Michael G. Ha	anagan				TELEPHONE NO. (523-1996	
(This space for State Use)	000			Λ			

CONDITIONS OF APPROVAL, IF ANY: