c15r
dp

Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
DEC 20 '89
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO.
30-005-62177

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG-7985

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.)

7. Lease Name or Unit Agreement Name
Pioneer 26 State

1. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
Manzano Oil Corporation ✓ 505/623-1996

8. Well No.
1

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

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 26 Township 8 South Range 27 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3912.8 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			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.

12/4/89 Ran 161 jts of 4-1/2" 11.6# N80 LT&C 8 rnd casing (6646.03'). Set @ 6646' KB. Cemented with 400 sacks 50/50 poz & 5# salt, 0.3% Halid & 0.2% CFR3. PD @ 6:00 p.m. 12/4/89. Tested to 1500 psi, held ok. Estimated cement top @ 4800'. Released rig @ 11:00 p.m. 12/4/89.

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

SIGNATURE Allison Ralfe TITLE Production Clerk DATE 12/15/89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE DEC 26 1989

CONDITIONS OF APPROVAL, IF ANY: