

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER
(Other Instructions on Form 1000-3)
(Other Instructions on Form 1000-3)

Budget Bureau No. 1004-0133
Expires August 31, 1985

RECEIVED 1375

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	RECEIVED Nov 14 12 25 PM '88	6. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR R. Q. Silverthorne	NOV 17 '88	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Drawer 10, Plainview, TX 79072	O. C. D. AREA OFFICE	8. FARM OR RANCH NAME Keinath
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface N-400' FSL & 2140' FWL		9. WELL NO. 1
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, BT, GA, etc.)	10. FIELD AND TOWN, OR WILDCAT Shugart-Yates-SR-Q-G
		11. SEC. T. R. & M. OR BLM. AND ADJACENT LANDS Sec 25 T18S R30E
		12. COUNTY OR PARISH 13. STATE Eddy NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Change of Operator

(Note: Report results of multiple completion or well completion or recompletion report and log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all intervals and total depth next to this work.)

Change of Operator from R. Q. Silverthorne to:

Manzano Oil Corporation
P.O. Box 2107
Roswell, NM 88202-2107

Telephone: 505/623-1996

Effective November 1, 1988

18. I hereby certify that the foregoing is true and correct.

SIGNED R. Q. Silverthorne TITLE Self DATE 10/25/88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side