

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Instructions on Form 3100-3)

Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED
NOV 14 1988

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR R. Q. Silverthorne
3. ADDRESS OF OPERATOR Manzano Oil Corp.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
P.O. Drawer 10, Plainview, TX 79072
5. ELEVATIONS (Show whether OF, BT, GA, etc.)
3445' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT ACREAGE NAME
8. FARM OR LEASE NAME
Keinath
9. WELL NO.
4
10. FIELD AND POOL, OR WILDCAT
Shugart-Yates-SR-Q-C
11. SEC., T., R., M., OR BLK. AND
SUBST. OR AREA
Sec 25 T18S R30E
12. COUNTY OR PARISH 13. STATE
Eddy NM

M 990' FSL & 330' FWL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREATMENT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANE ☐
(Other) Change of Operator ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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 any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and subsurface points 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