

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	SEP 21 '90
2. NAME OF OPERATOR MANZANO OIL CORPORATION	B. C. D.
3. ADDRESS OF OPERATOR P.O. Box 2107, Roswell, NM 88202-2107 (505) 623-1996	OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1780' FSL & 800' FWL, Sec. 7-T18S-R31E, NMPM	10. FIELD AND POOL, OR WILDCAT Shugart
14. PERMIT NO. 30-015-25859	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3577' GR
12. COUNTY OR PARISH Eddy	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on 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 zones pertinent to this work.)\*

4-18-90 Perf 7760-7770' = 10' w/2spf = 20 holes. Acidized perfs w/2500 gallons 15% NE/FE acid plus 10 balls. Load to recover = 97 bbls.

4-20-90 Will keep SI until decision is made to do a large pad-acid frac or abandon recompletion project.

8-8-90 Acidize w/15,000 gallons 20% cross linked gelled acid + 1000 cu.ft./bbl CO2. Total load 390 bbls + 31 tons CO2.

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

SIGNED Sher Williams

TITLE Production Clerk

DATE 9-13-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side