

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. 30-015-31270	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Blind Hog State	
8. Well No. 1	
9. Pool name or Wildcat Wildcat	
650 feet from the West line NMPM Lea <del>County</del> <sup>Edley</sup> NM	

## 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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator  
Manzano Oil Corporation

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

#### 4. Well Location

Unit Letter C: 660 feet from the North line and 1650 feet from the West line

Section 30 Township 18S Range 23E NMPM ~~Loa~~ <sup>Edg</sup> County NM

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4060' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☒

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Plan to not run 13-3/8" csg. Will run 8-5/8" csg to 1800' and cement to surface.



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

SIGNATURE *David L. Brown* TITLE VP Engineering DATE 10/18/00

Type or print name      Donnie E. Brown

Telephone No. 505/623-1996

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ DISTRICT II SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

DATE **OCT 19 2000**

Conditions of approval, if any: