

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

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

CLSF

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 each proposal.)

1. OIL WELL <input checked="" type="checkbox"/> CAR WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		8. FARM OR LEASE NAME	
Manzano Oil Corporation 505/623-1996		Radke Federal	
3. ADDRESS OF OPERATOR		9. WELL NO.	
P.O. Box 2107, Roswell, NM 88202		1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT	
660' FNL & 1650' FEL Section 8, T21S, R27E		Undesignated	
14. PERMIT NO. 30-015-20877		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
15. ELEVATIONS (Show whether BV, HT, OR, etc.) 3275' GL		Sec 8-T21S-R27E	
		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"/>	PCLL 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"/>		<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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Running Casing & Cementing	<input checked="" type="checkbox"/>		<input checked="" 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.) \*

10/28/87 Dug out cellar, dug pit, cleaned location & set anchors.  
10/29/87 Moved in Clarke Well Service & rigged up. Moved in Davis Tool Company reverse unit & rigged up.  
Picked up 8-3/4" bit and a 4-3/4" drill collar and began reentry operations.  
10/30-11/5 Drilled out plugs and circulated hole clean to total depth of 7815'. Pulled out of hole and laid down drill collars and bit. Ran 174 joints 4-1/2" 13.5# and 11.6# N-80 casing. Set and cemented at 7719' with 250 sacks of Class H Pozmix with 2% gel. Plug down at 11:00 a.m. 11/6/87. Differential pressure 1350#, pressured casing to 2000#, held OK. Shut down - waiting on completion unit.  
(ran casing with float shoe, float collar & 20 centralizers.)

SJS

NOV 20 1 38 PM '87  
OIL & GAS  
AREA

RECEIVED

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

SIGNED Jackie Midkiff TITLE Jackie Midkiff/Landwoman DATE 11/18/87

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side