

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

C/SF

APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Petroleum Development Corporation

3. Address and Telephone No.

4113 Eubank NE, Suite 400, Albuquerque, NM 87111 (505) 293-4044

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

S5, T24S, R26E
660' FSL 2130' FEL

5. Lease Designation and Serial No.
NM 28641

6. If Indian, Allottee or Tribe Name

7. If Unit or CA Agreement Designation

Unit ~~10~~ NM 77006

8. Well Name and No.

Manzano Grande Fed. #1

9. API Well No.

30-015-22305

10. Field and Pool, or Exploratory Area

Morrow

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

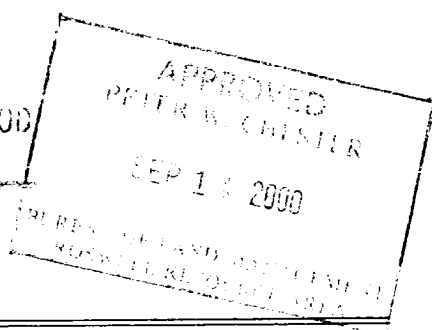
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

- 1) Intend to perforate, acidize, and test Upper Morrow Limestone formation from approx. 10,928'-11,164'.
- 2) If 72 hr. BHT shows an adequate BHP, then we will do a frac job.

2 MONTH PERIOD
ENDING NOV 14 2000
Complete by ↑



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

Signed

Title Production Supervisor, NM

Date 9/6/00

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: