

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 09 1991

WELL API NO. 30-025-31236
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Fullingim
8. Well No. 1
9. Pool name or Wellcat East Caprock Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4309 GR

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Manzano Oil Corporation 505/623-1996
3. Address of Operator P.O. Box 2107/Roswell, NM 88202-2107
4. Well Location Unit Letter <u>N</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>13</u> Township <u>12S</u> Range <u>32E</u> NMPM Lea County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Cement Casing</u> <input type="checkbox"/>	

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.
6-28-91 TD 10,500'. Ran 252 jts 5-1/2" 17# N80 & J55-8R-LT&C plus float shoe, float collar & 10 centrilizers. Set 10,461' KB. Cmtd w/1000 sks CL H 50/50 pos + 5#/sk slt & 4/10 of 1% Halid 22A. Good circ throughout job.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Laura J. King TITLE Production Department DATE 7/2/91
TYPE OR PRINT NAME Laura J. King TELEPHONE NO. (505)623-199

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE JUL 11 1991
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: