

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM 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

Manzano Oil Corporation

3. Address and Telephone No.

P.O. Box 2107, Roswell, NM 88202-2107 (505) 623-1996

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

1980' FNL & 660' FEL
Sec 17, T20S, R35E

5. Lease Designation and Serial No.

NM-86172

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Appleseed Fed #1

9. API Well No.

30-025-20377

10. Field and Pool, or Exploratory Area

Featherstone Bone Spring

11. County or Parish, State

Lea 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

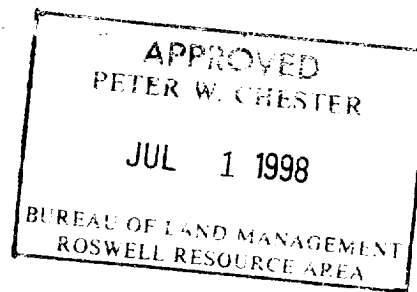
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Name Change
☐ 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.)*

We hereby request that the name of this well be changed from the Appleseed Fed Com #1 to the Appleseed Fed #1.



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

Signed Alvin Hernandez

Title Engineering Technician

Date 6/9/98

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: