

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
Op

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

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L.G. 7444
7. Lease Name or Unit Agreement Name MANNES STATE
8. Well No. 1-35
9. Pool name or Wildcat WILDCAT

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER
2. Name of Operator ROBERT J. MANNES
3. Address of Operator P. O. BOX 1918, HOLLAND, MI 49422-1918
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1800</u> Feet From The <u>EAST</u> Line Section <u>35</u> Township <u>3S</u> Range <u>27E</u> NMPM <u>CHAVES</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4089 GR

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <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.

RAN 351' OF 13-3/8" 68# CASING TO 351', 17-1/2" HOLE.
CEMENTED WITH 320 SX. CLASS C + 2% c.c. ON 2-10-90.
TESTED W/1000 PSI FOR 30 MINUTES ON 2-11-90. CHECKED
OKAY.

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

SIGNATURE Robert J. Mannes TITLE _____ DATE 7-24-90

TYPE OR PRINT NAME ROBERT J. MANNES TELEPHONE NO 616-396-1445

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUL 29 1991

CONDITIONS OF APPROVAL, IF ANY: