

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

455 +  
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

JUL 17 '90

WELL API NO.	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. LG-7680	
7. Lease Name or Unit Agreement Name MANNES STATE 3	
8. Well No. <del>1</del> #1	
9. Pool name or Wildcat WILDCAT 5A	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 4003	

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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> UNDESIGNATED	
2. Name of Operator MANNES OIL & GAS EXPLORATION	
3. Address of Operator P.O. BOX 1918, HOLLAND, MI 49422-1918	
4. Well Location Unit Letter E : 1880 Feet From The NORTH Line and 660 Feet From The WEST Line Section 3 Township 4S Range 27E NMPM CHAVES 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 checked="" 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input 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.

SPUD DATE 1/31/90  
HOLE SIZE: 17.25" CABLE TOOL  
DEPTH REACHED: 179'

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

SIGNATURE Sonny Longo TITLE CONSULTANT DATE 7/17/90  
TYPE OR PRINT NAME SONNY LONGO TELEPHONE NO. 625-1526

(This space for State Use)

ORIGINAL SIGNED BY  
NORMA WILLIAMS  
SUPERVISOR DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 31 1990

CONDITIONS OF APPROVAL, IF ANY: