

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

157
8p

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO. 30-105-62762
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-7680

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.)

7. Lease Name or Unit Agreement Name

MANNES STATE **3**

1. Type of Well:
Oil WELL ☐ GAS WELL ☐ OTHER UNDESIGNATED

8. Well No.

#1

2. Name of Operator
MANNES OIL & GAS EXPLORATION

9. Pool name or Wildcat
WILDCAT

3. Address of Operator
P.O. BOX 1918, HOLLAND, MI 49422-1918

4. Well Location
Unit Letter **H** : **1880** Feet From The **NORTH** Line and **660** Feet From The **WEST** Line

Section **3** Township **4S** Range **27E** NMPM **CHAVES** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4003 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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.

CEMENTED WITH 2 YARDS OF FOUR TO ONE READY MIX FROM 197' TO SURFACE.

INSTALLED DRY HOLE MARKER 7/18/90.

RECEIVED

JUL 26 '90

Post ID-2
8-3-90

P+H

OFFICE

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)

APPROVED BY **FIELD REP. II**

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: