

\*\*\*\*\*TIGHT HOLE!!!!\*\*\*\*\*

CISF  
bp

Form C-103  
Revised 1-1-89

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-027-20040                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Spaid Buckle                                                |
| 8. Well No.<br>1                                                                                    |
| 9. Pool name or Wildcat<br>Spaid Buckle; Penn                                                       |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Manzano Oil Corporation 505/623-1996                                                                                                        |
| 3. Address of Operator<br>P.O. Box 2107/Roswell, NM 88202-2107                                                                    | 4. Well Location<br>Unit Letter J : 2310 Feet From The South Line and 2103 Feet From The East Line<br>Section 9 Township 4 South Range 11 East NMPM Lincoln County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>6051' GL                                                                    |                                                                                                                                                                    |

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"/>   | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>    |
| PULL OR ALTER CASING <input type="checkbox"/>  | CASING TEST AND CEMENT JOB <input checked="" 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.

11/05/96 Day #1. Spud @ 4:00 p.m. 11/4/96.  
11/10/96 Day #6. TD 1150'. Ran 30 jts 13-3/8" csg w/Texas Pattern Guide Shoe, insert float & 6 centralizers. Set @ 1148'KB. Cemented w/200 sks Cl H + 10% A-11 (Gyp) + 10#/sk Gilsonite; 1/4#/sk cello-flake and 1% CaCl. Followed w/700 sks 35/65 poz Cl H w/6% gel and 1/4#/sk cello-flakes + 3% CaCl. Tail in w/200 sks Cl C + 2% CaCl. TIH w/one inch pipe. Tag TOC @ 200'. Pumped 50 sks Cl C + 3% CaCl. WOC 2 hrs. TIH w/1" pipe. Tag cement 150'. Pump 100 sks Cl C cement. WOC 2 hrs. TIH w/1" pipe. Tag cement @ 60'. Cement w/50 sks Cl C. Circl 5 sks to surface.

Total WOC Time ?

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

SIGNATURE Allison Hernandez TITLE Engineering Technician DATE 11/11/96  
TYPE OR PRINT NAME Allison Hernandez TELEPHONE NO. 623-1996

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM

CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

FEB 14 1997