C15F
DP

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

WELL API NO.
30-027-20040

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

RECEIVED
NOV 25 1996
OIL CON. DIV.

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
Spaid Buckle

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Manzano Oil Corporation 505/623-1996

8. Well No.
1

3. Address of Operator
P.O. Box 2107/Roswell, NM 88202-2107

9. Pool name or Wildcat
Spaid Buckle; Penn

4. Well Location
Unit Letter J : 2310 Feet From The South Line and 2103 Feet From The East Line

Section 9 Township 4 South Range 11 East NMPM Lincoln County

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

Received verbal approval from Tim Gunn w/NMOCD on 11/21/96 to not run the 8-5/8" intermediate casing. TD of the 12-1/4" hole on 11/21/96 is 4275'. We will run logs from 4275' to surface then reduce the hole size to 8-3/4" and continue drilling.

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 11/22/96

TYPE OR PRINT NAME Allison Hernandez TELEPHONE NO. 623-1996

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 11 1997

CONDITIONS OF APPROVAL, IF ANY: