| Submit 3 Copies 10 Appropriate District Office State of Ne | |
|---|--|
| District I Energy, Minerals and Natural Resources WELL API NO. WELL API NO. | |
| District II 1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVA | TION DIVISION 30-005-29066 |
| District III 1220 South S | t. Francis Dr. 5. Indicate Type of Lease STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> Santa Fe, N | NM 87505 6. State Oil & Gas Lease No. |
| 1220 S St Francis Dr, Santa Fe, NM 87505 | VO-8351 |
| SUNDRY NOTICES AND REPORTS ON V (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C | OR PLUG BACK TO A Polecat State |
| PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other | 8. Well Number 001 |
| 2. Name of Operator | 9. OGRID Number 231429 |
| Manzano, LLC | 10. Deel come or Wildoot |
| 3. Address of Operator PO Box 2107 Roswell, NM 88202-2107 | 10. Pool name or Wildcat Wildcat Mississippian (Gas) |
| 4. Well Location | |
| Unit Letter N : 990 feet from the S line and 1980 feet from the W line | |
| Section 22 Township 10 | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 4378 GR | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | |
| | REMEDIAL WORK ALTERING CASING |
| | ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ |
| | ☐ CASING/CEMENT JOB ☐ |
| DOWNHOLE COMMINGLE | |
| OTHER: | OTHER: |
| 13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion | |
| or recompletion. | |
| Request to modify Surface casing setting depth specified on Form C-101 (approved on 12-08-2008) for Polecat State #1. Surface casing | |
| setting depth will be 450' as opposed to 1,450' which was specified on initial application. | |
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| | DENIED |
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| | |
| 12.26.00 | 1-26-08 |
| Spud Date: 12-26-08 Rig Rele | ease Date: |
| | |
| I hereby certify that the information above is true and complete to | o the best of my knowledge and belief |
| Thereby certify that the information above is true and complete to | b the best of my knowledge and benefit. |
| SIGNATURE | |
| TITLE Engineer DATE 12/11/08 | |
| Type or print name Kyle Alpers E-mail ac | ddress: ksalpers@gwestoffice.net PHONE: 575-623-1996 |
| For State Use Only | |
| | DATE |
| APPROVED BY:TITLE_ Conditions of Approval (if any): | DATE |