

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. NM-56545	
2. NAME OF OPERATOR Manzano Oil Corporation 505/623-1996		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2107/Rsowell, NM 88202-2107		8. FARM OR LEASE NAME Sunburst Spence Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL (Unit Letter L)		9. WELL NO. #2	
14. PERMIT NO. 30-025-30402		10. FIELD AND POOL, OR WILDCAT Flying "M" South Abo	
15. ELEVATIONS (Show whether SP, ST, OR, etc.) 4343' GR		11. SEC. T., R., N., OR BLK. AND SURVEY OR AREA Sec 13-T9S-R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PLUG OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set & Cement 5-1/2" casing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/24/88 Drilled to 8985'. Ran 245 joints (9003') of 5-1/2" 17# N-80 LT&C casing with float shoe, float collar & 10 centralizers. Set & cemented @ 8985' w/500 sacks 50/50 pozmix Class H cement w/5# salt, .3 of 1% Halad 22A & .2 of 1% CRF 3. Pumped 500 gallons mud flush ahead of cement. Plug down @ 8:30 p.m. 7/24/88.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Jackie Midkiff/Landwoman

DATE 8/5/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side