

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. 30-025-30984
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-2508
7. Lease Nature or Unit Agreement Notice Yates State
8. Well No. #1
9. Pool Name or Wildcat Undes. Cuerno Largo 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: Oil Well ☒ Gas Well ☐ Other ☐	
2. Name of Operator Manzano Oil Corporation 505/623-1996	
3. Address of Operator P.O. Box 2107/Roswell, NM 88202-2107	
4. Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>10S</u> Range <u>32E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	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.

9-20-90 Ran 263 jts (10,463') of 5-1/2" csg w/float shoe & float collar + 20 centralizers. Set casing @ 10,440' KB. Cemented w/500 sacks Halliburton Lite & 3/10% of Halad 9 + 1/4# CF, followed by 550 sacks 50/50 Poz Mix w/5#/sacks salt + 4/10% Halad 22A. PD @ 7:15 a.m. 9-19-90. Pressured csg to 2500 psi - OK.

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

SIGNATURE Alison Rolfe TITLE Production Clerk DATE Sept. 28, 1990

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: