Submit 3 Copies to Appropriate District Office

APPROVED BY ----

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

-- DATE --

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	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-31236
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE FEE XX 6. State Oil & Gas Lease No.
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
1. Type of Well: OIL GAS WELL XX WELL	OTHER		Fullingim
2. Name of Operator Manzano Oil Corporatio	n		8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 2107, Roswell, NM 882020-2107 4. Well Location			East Caprock Wolfcamp
Unit Letter N: 1980' Feet From The West Line and 660' Feet From The South Line			
Section 13 Township 12 South Range 32 East NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check A NOTICE OF INT	Appropriate Box to Indicate I ENTION TO:		eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEI			MENT 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. C. 3F CX 9550 PORFS 9430-75 8728-38 Set CIBP @ 8800'. Cap w/35 sx cmt. Circl hole w/10# mud. RU csg Jacks. Pull & rec as much 5-1/2" csg as possible Set 25 sx cmt plug @ 5-1/2" csg stab. Set 25 sx cmt plug @ 8-5/8" csg shoe. 100' DCUS 50'. FSO 04F OF QSG Set 10 sx surf plug. Install dry hole marker			
I hereby certify that the information above is true a	nd complete to the best of my knowledge and		Apolyet 12/20/91
SIGNATURE (CCCCCC)	7 116 m		Analyst 12/20/91
TYPEOR PRINT NAME Laura J.	King (5	05)623-1996	TELEPHONE NO.
(This space for State Use)	nakarok Menangan		

_____ TITLE __