

Submit 3 Copies
to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Km Division Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-31236

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit or Well Name
Fullingim

8. Well No.
1

9. Field Name or Wellhead
East Caprock 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 N : 1980 Feet From The West Line and 660 Feet From The South Line
Section 13 Township 12S Range 32E NMPM Lea. County

10. Elevation (Show whether Dr., RKB, RT, Ch, etc.)
4309 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: shooting & acidizing ☒

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.

7-23-91 Perf 10,310'-28'=18' w/38 holes

7-24-91 Acidized well w/2000 gal - 15% NE/FE + pen 88 & Cla-Sta + 72 balls.

7-25-91 Swab well - Total 130 bbls. Have 15 BF ovr load. No oil or gas. Set CIBP @ 10,260'. Perf as follows:
9813'-16' = 3' - 6 holes
9832'-35' = 3' - 6 holes
9846'-52' = 6' - 12 holes
TOTAL 12' 24 holes

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

SIGNATURE Laura J. King TITLE Production Records DATE 7/29/91
TYPE OR PRINT NAME Laura J. King TELEPHONE NO. 505-624-199

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: