

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

Form 3160-5
November 1983
Formerly 9-331)

Form approved.
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 GAS WELL OTHER

2. NAME OF OPERATOR
Manzano Oil Corporation

3. ADDRESS OF OPERATOR
P.O. Box 2107, Roswell, NM 88202-2107

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FNL & 660' FEL Unit H

5. LEASE DESIGNATION AND SERIAL NO.
NM-83072

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Cato Federal

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Cato - San Andres

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec 35, T7S, R30E

12. COUNTY OR PARISH 13. STATE
Chaves NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GA, etc.)
4175'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.)

- 7-21-91 Perf P1 & P2 - 3440'-3580' (overall)=49' w/ 55 holes
- 7-23-91 Acidized well w/7000 gal - 20% NE/FE + 70 balls.
- 7-25-91 Flowed 20 BO + 5 BW

RECEIVED
AUG 1 9 17 AM '91
BUREAU OF LAND MGMT
ROSWELL RESOURCE AREA

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

SIGNED Laura J. King TITLE Production Department DATE 7-29-91
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
AUG 1 1991
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA