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 Rio Brazos 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. 30-005-21111

5. Indicate Type of Lease STATE ☐ FEE ☒

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: D.J. Fee

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator: Manzano Oil Corporation 505/623-1996

8. Well No.: 1-Y

3. Address of Operator: P.O. Box 2107/Roswell, NM 88202-2107

9. Pool name or Wildcat: Cato San Andres

4. Well Location
Unit Letter G : 1659 Feet From The North Line and 1745 Feet From The East Line
Section 35 Township 7 South Range 30 East NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.): 4164'GL/4175'KB

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT 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.

5/14/92 Perf P3 from 3597-3611'; 3625-3632'.
5/15/92 Acidize P3 w/5000 gallons 20% NE/FE + 60 balls.
5/16/92 Swab 8 hrs. 8th hr - FL 3400 - 4 runs - Rec 2-1/2 bbls - 3-5% oil.
5/19/92 Perf 3503-18'; 3521-25'; 3529-31'; 3533-36'; 3539-41'; 3543-45'; 3547-60'.
Acidize well w/10k gal 20% NE/FE + 160 balls.
5/29/92 Pumped 33 BO + 128 BW.

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

SIGNATURE Allison Rolfe Raney TITLE Production Analyst DATE 6/1/92

TYPE OR PRINT NAME Allison Rolfe RANEY TELEPHONE NO. 623-1996

(This space for State Use)

APPROVED BY Orig. Signed by. Paul Kautz Geologist TITLE DATE JUN 05 '92

CONDITIONS OF APPROVAL, IF ANY: