

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. 30-005-21138
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG-1398-2
7. Lease Name or Unit Agreement Name "SV" Vest State
8. Well No. 1
9. Pool name or Wildcat Wildcat, San Andres

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 : 330 Feet From The South Line and 1650 Feet From The West Line Section 16 Township 14 South Range 30 East NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3856' GL	

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.

9/11/99 Set 100' cement plug from 4950-5050'. 50' in and out of 5-1/2" csg stub.
9/12/99 Ran 5-1/2" - 17# - N80 & J55 w/float shoe and 11 centrilizers. Set @ 3548'KB. Cement w/180 sks of Class C Neat. Est TOC 2600'.
9/14/99 Perf San Andres 3257-68' = 11'. Acidize w/500 gal of 20% NEFE acid.
9/15/99 Perf San Andres 3202-40'. Acidize w/10k gal 20% NEFE.
9/19/99 Start pumping.

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

SIGNATURE: Allison Hernandez TITLE: Engineering Technician DATE: 9/21/99
TYPE OR PRINT NAME: Allison Hernandez TELEPHONE NO. 623-1996

(This space for State Use)

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

