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.
30-025-05087

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
Howard Fleet

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

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

8. Well No.
2

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

9. Pool name or Wildcat
King Devonian Wlcmp

4. Well Location
Unit Letter P : 990 Feet From The South Line and 330 Feet From The East Line

Section 35 Township 13 South Range 37 East NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3852'DF

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.

2/27/97 TIH w/Uni-VI pkr to 9377'. Acidized perfs w/750 gal of 20% NEFE acid.
2/28/97 7th hr - 1 swab run - FL 7300' - Rec 5 BW - tr oil, heavy drlg mud, sli fm gas.
3/06/97 Acidize well w/7500 gal 20% NEFE.
3/07/97 10th hr - 3 swab runs - FL 6800' scat to SN - Rec 14 BF - 70% oil.
3/13/97 Pumped 103 BO + 53 MCFG + 13 BW.

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 3/18/97

TYPE OR PRINT NAME Allison Hernandez TELEPHONE NO. 623-

(This space for State Use)

MAY 29 1997

APPROVED BY _____ TITLE _____ DATE _____