

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.

30-025-27935

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-3224

7. Lease Name or Unit Agreement Name

Lea "VF" State

8. Well No.

2

9. Pool name or Wildcat

Saunders Permo Upper 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 Lateral 0 : 330 Feet From The South Line and 1650 Feet From The East Line

Section 16 Township 14 South Range 33 East NMPM Lea County

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

4212.0' GL

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.

1. Set CIBP @ 9790' + 10 sks cement plug on top.
2. Set 25 sks plug @ 6800-6700'.
3. Cut off 5-1/2" csg @ 4180'. Set 35 sks cement plug from 4280-4030'.
4. Set 35 cks plug from 2200-2100'.
5. Set 10 sks surface plug.
6. Install dry hole marker.

THIS DOCUMENT MUST BE RETURNED TO
THE OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87504-2088
BY THE 15TH DAY OF
JANUARY 1994

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

SIGNATURE

Allison Raney

TITLE

Engineering Technician

DATE 12/02/93

TYPE OR PRINT NAME

Allison Raney

TELEPHONE NO. 505/623-1996

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DEC 06 1993

CONDITIONS OF APPROVAL, IF ANY: