

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. 30-025-28214
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V-289
7. Lease Name or Unit Agreement Name Lea "AAY" State
8. Well No. 1
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 Letter M : 990 Feet From The South Line and 660 Feet From The West Line Section 16 Township 14 South Range 33 East NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4223.2' 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 ☐
PLUG AND ABANDON ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	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 @ 9765' + 10 sks cement plug on top.
2. Set 25 sks plug @ 6800-6700'.
3. Cut 5-1/2" csg @ 4200'. Spot 35 sks plug from 4300-4150'.
4. Set 35 cks plug from 2200-2100'.
5. Set 10 sks surface plug.
6. Install dry hole marker.

THE COMMISSION MUST BE NOTIFIED 30
HOURS PRIOR TO THE COMMENCEMENT OF
ANY OPERATIONS, INCLUDING PLUGGING AND
ABANDONMENT.

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

DEC 06 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: