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. 30-025-28485

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. LG-3224

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: Lea "VF" State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

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

8. Well No. 4

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

9. Pool name or Wildcat: Saunders Permo Upper Penn

4. Well Location
Unit Letter L : 2310 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.) 4227.8'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	[X]	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 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 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS SO THAT IT MAY BE WITNESSED.

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 _____ DATE DEC 06 1993

CONDITIONS OF APPROVAL, IF ANY: