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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-265

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Manzano Oil Corporation 505/623-1996 3. Address of Operator P.O. Box 571/Roswell, NM 88202 4. Location of Well UNIT LETTER 0 660' FEET FROM THE South LINE AND 1980' FEET FROM THE East LINE, SECTION 23 TOWNSHIP 14-S RANGE 34-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4089 GR	7. Unit Agreement Name 8. Farm or Lease Name Manzano NG State 9. Well No. 1 10. Field and Pool, or Wildcat High Plains 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

9/30/85 Spudded well with Franks Rat Hole Service @ 7:00 am. 9/30/85.
See previous report.
10/1 thru
10/7/85 Preparing roads & location to move in cable rig.
10/8/85 Moving in and rigging up cable rig.
10/9/85 Drilling 12 1/4" hole @ 42' in Redbed.

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

SIGNED Jackie Midkiff TITLE Jackie Midkiff/Prod. Clerk DATE 10/14/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 18 1985

RECEIVED
OCT 17 1985
HOSPITAL