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.

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: Lowe A

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

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

8. Well No. 1

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

9. Pool name or Wildcat: King Devonian

4. Well Location
Unit Letter M : 900 Feet From The South Line and 50 Feet From The West Line

Section 25 Township 13S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3855' GR

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	☐	Status update *	
OTHER:	☐			OTHER: Spud and set conductor pipe			XX

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.

10-15-89 Spud well @ 9:30 a.m. 10-14-89. Set 30' of conductor pipe. WOC.

* Plan to move in rotary rig in Mid December, 1990, and commence drilling. Proposed TD 12,200'.

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

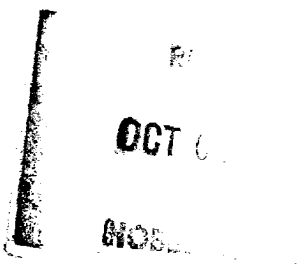
SIGNATURE Sharon M. Williams TITLE Production Clerk DATE 9-28-90

TYPE OR PRINT NAME Sharon M. Williams TELEPHONE NO.

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE OCT 02 1990

CONDITIONS OF APPROVAL, IF ANY:


OCT
MOB