

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 Brason Rd., Aztec, NM 87410

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

WELL API NO. 30-025-02810

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-106402

7. Lease Name of Unit, Agreement Name
Ramco State WN

8. Well No.
2

9. Field Name or Wellhead
Wildcat-Abo

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 I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 35 Township 16S Range 35E NMPM Lea County

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

3960' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SQZD & cleaned out ☒

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.

12-06-90 Mixed 100 sks of Class "C" + 0.4% Halad 9. Pumped cement below pkr @ 1 BPM w/1400 psi. Displaced cement to 8110'. Squeeze Abo Perfs 8730-50'.

12-08-90 Washed and tag retainer @ 9117'.

12-09-90 Drilled retainer and hard cement to 9200'. Fell thru cement. TIH to CIBP @ 10,300'. Circulate clean @ 10,300'.

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

SIGNATURE Alison Kaye TITLE Production Clerk DATE Jan. 10, 1991

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: