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. 30-025-02810

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

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

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: Ramco State WN

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

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

8. Well No. 2

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

9. Pool name or Wildcat: Wildcat-Abo

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, GR, etc.) 3960'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	[ ]		
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.

12-04-90 Move in & rig up completion unit.
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'.

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

SIGNATURE Allison Kelly TITLE Production Clerk DATE 12/10/90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: