

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 Las Brisas Rd., Aztec, NM 87410

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-31579                                                                        |
| 3. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 4. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agricultural Notice                                                           |
| Brownfield Trust                                                                                    |
| 8. Well No.<br>1                                                                                    |
| 9. Field name or Wildcat<br>Wildcat                                                                 |

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:<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Manzano Oil Corporation 505/623-1996                                                                                                    |
| 3. Address of Operator<br>P.O. Box 2107/Roswell, NM 88202-2107                                                          | 4. Well Location<br>Unit Leader D : 795 Feet From The North Line and 330 Feet From The West Line<br>Section 11 Township 16 South Range 36 East NMDM Lea County |
| 10. Elevation (State whether DF, RKB, RT, CR, etc.)<br>3899' GL                                                         |                                                                                                                                                                |

|                                                                               |                                           |                                                     |                                                          |
|-------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                           |                                                     |                                                          |
| NOTICE OF INTENTION TO:                                                       |                                           | SUBSEQUENT REPORT OF:                               |                                                          |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                 |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                 |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/> |                                                          |
| OTHER: <input type="checkbox"/>                                               |                                           | OTHER: <input type="checkbox"/>                     |                                                          |

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.

6/17/92 DST #1 - 10,600-691' (Wolfcamp)  
Recovered 1215' of total fluid as follows:  
470' - gas cut mud.  
465' - gas cut mud w/tr oil.  
280' - formation water.

6/19/92 TD 10,853'. Ran Phasor Dual Induction/SFL. Neutron/Litho-Density Log, Microlog. Loggers TD 10,858'. No zones of interest.  
1st plug 10,650-750' - 35 sks Class H  
2nd plug 8,471-571' - 35 sks Class H  
3rd plug 6,458-558' - 35 sks Class H

6/20/92 TD 10,853' Rig released 4:00 p.m. 6/19/92. 4th plug 4292-392' - 35 sks Class H. Wait one hour. Tag plug w/wire line @ 4,300'. 5th plug 1650-1750' - 35 sks Class H. Cut off wellhead - Set 10 sks - surface plug.

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

SIGNATURE Allison Raney TITLE Production Analyst DATE June 23, 1992  
TYPE OR PRINT NAME Allison Raney TELEPHONE NO. (505) 623-1996

(This space for State Use)

APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: