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.
30-025-31579

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
Brownfield Trust

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
Wildcat

4. Well Location
Unit Letter D : 795 Feet From The North Line and 330 Feet From The West Line

Section 11 Township 16 South Range 36 East NMPM Lea County

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

5/25/92 Spud @ 8:45 p.m. 5/24/92. Ran 10 jts (406.72') of 13-3/8" - 54.5# - J55 - ST&C 8R casing. Cemented with 375 sacks Class C + 2% CaCl. Circ 93 sacks.

6/01/92 Ran 105 jts of 8-5/8" - 28# S-80-ST&C-8 Rd csg. Set @ 4342' KB. Cemented with 1550 sks lite + 200 sks of Class C. Circl 10 sks to surface.

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 1, 1992

TYPE OR PRINT NAME Allison Raney TELEPHONE NO. (505)623-1996

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 03 '92

CONDITIONS OF APPROVAL, IF ANY: