

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 Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-33807
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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name "SV" Killer Bee
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 Leader P : 487 Feet From The South Line and 1270 Feet From The East Line Section 2 Township 16 South Range 36 East NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3882' GL	

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

6/15/97 Ran 103 jts 8-5/8" 32# J55 ST&C 8R csg & 6 centrilizers. Set @ 4265'.
Cement w/1250 sks 8#/sk salt & 1/4# cello-flake. Tail in w/200 sx Class
C + 2% CaCl. Circ1 100 sks to pit.

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

SIGNATURE Allison Hernandez TITLE Engineering Technician DATE 6/30/97
TYPE OR PRINT NAME Allison Hernandez TELEPHONE NO. 623-1996

(This space for State Use) ORIGINAL SIGNED BY CAROL WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: