

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.<br>30-025-33883                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 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<br>"SV" Big Bertha |
|---------------------------------------------------------|

|                                                                                                                                                                  |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                | 2. Well No.<br>1                                    |
| 2. Name of Operator<br>Manzano Oil Corporation 505/623-1996                                                                                                      | 9. Pool name or Wildcat<br>North Lovington-Wolfcamp |
| 3. Address of Operator<br>P.O. Box 2107/Roswell, NM 88202-2107                                                                                                   |                                                     |
| 4. Well Location<br>Unit Letter F : 2081 Feet From The North Line and 1870 Feet From The West Line<br>Section 11 Township 16 South Range 36 East NMPM Lea County |                                                     |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3893' 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"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <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.

6/14/97 Perf Lower Beta Reef from 10,754-760'.  
6/16/97 1st hr - 3 swab runs - Rec 30 BF - fm wtr.  
6/18/97 Perf Middle Beta Reef from 10,688-92'.  
6/19/97 Swabbed 65 BF/2-1/2 hrs (7 swab runs). Fm wtr.  
6/21/97 Sting into retainer @ 10,675'. Mix 150 sks Class H + 0.4% FL66 followed  
by 50 sks Class H-Neat. Squeeze to 1500 psi. Pulled out of retainer.  
6/24/97 Perf Upper Beta Reef 10,592-99'.  
6/26/97 Acidize w/500 gal 20% NEFE acid.

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 Signatory)  
ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

916 - 9 1007

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
REMARKS OR APPROVAL IF ANY: