

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>30-025-34238                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>LG-6346                                                             |
| 7. Lease Name or Unit Agreement Name<br>State 3                                                     |
| 8. Well No.<br>1                                                                                    |
| 9. Pool Name or Wildcat<br>Northeast Lovington, Penn <i>Upper</i>                                   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3875.47' GL                                   |

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 WELL <input checked="" type="checkbox"/> GAS WELL <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 Letter G : 2144 Feet From The North Line and 2087 Feet From The East Line<br>Section 12 Township 16 South Range 36 East N.M.P.M. Lea County |

|                                                                               |                                                           |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|
| 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: Running casing <input checked="" 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.

2/02/98 DST #2: Strawn 11,470-518' = 48' interval.

2/05/98 Ran 217 jts - 5-1/2" - 17 & 20# - N80 csg. Set @ 11,700'. Cement in 2 stages.  
1st stage: 300 sks of Super "C" w/1#/sk salt, 0.4% FL52 and 0.4% FL25. Plug  
down 7:00 p.m. 2/04/98. 2nd stage: 150 sks Lite and tail in w/50 sks of  
Super "C" modified. Plug down 9:00 p.m. 2/04/98. Tsg to 2000 psi - OK.

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 2/06/98  
TYPE OR PRINT NAME Allison Hernandez TELEPHONE NO. 623-1996

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ DATE AUG 06 1998

CONDITIONS OF APPROVAL, IF ANY: