Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II 30-025-02352 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE \square FEE α Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 Citation PROPOSALS.) 1. Type of Well: Oil Well 🔯 Gas Well Other 2. Name of Operator 8. Well No. Manzano Oil Corporation Address of Operator 9. Pool name or Wildcat P.O. Box 2107, Roswell, NM 88202-2107 E-K; Yates-7 RVRS-On 4. Well Location 330 Unit Letter North feet from the 330 line and feet from the West line Section 20 Township 18S Range 34E NMPM County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4073' 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. X **PLUG AND ABANDONMENT PULL OR ALTER CASING** ☐ MULTIPLE П CASING TEST AND COMPLETION **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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 7/04/00 Prep to reenter. PU 4-3/4" bit. Tag. Drill to 307'. 7/06/00 Tag @ 1457'. Drill to 1477'. Fall through. RIH. Hit spot @ 2134'. Tag @ 2611'. Casing possibly parted @ 2134'. Pull bit back up. Tried to get in No luck. csq. Tag @ 2970'. Show to be outside of csg. 7/07/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Engineering Technician **DATE** 7/07/00 Allison Hernandez Type or print name Telephone No. (505) 623-1996 (This space for State use) APPPROVED BY TITLE DATE Conditions of approval, if any: