

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-63026

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 7 Com

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

7 19S 33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Manzano Oil Corporation 505/623-1996

3. ADDRESS OF OPERATOR

2107
P.O. Box 571/Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FNL & 660' FWL

14. PERMIT NO.

30-025-26184

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3659.4' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Attempt recompletion

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We intend to pull rods & tubing and perforate the Bone Spring Formation at 8898-8913' attempt a recompletion in this zone on this well. If successful, this zone will be isolated from the Wolfcamp formation we are producing from at this time, or perforations of 10,873'-10,940' and we will produce the well from this Bone Spring zone.

RECEIVED

SEP 14 10 50 AM '87

CABLED
AND
TELETYPE

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Jackie Midkiff/Prod. Clerk

DATE 9/3/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side