

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-63014
2. NAME OF OPERATOR MANZANO OIL CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 2107, ROSWELL, NEW MEXICO 88202-2107	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Section 11, T19S-R32E Unit G	8. FARM OR LEASE NAME Shearn Federal
14. PERMIT NO. 30-025-27077	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3631.3 GL	10. FIELD AND POOL, OR WILDCAT Wildcat west Jantz y-SR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11-T19S-R32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

8-29-90 TIH w/tbg open ended to 3520'. Spot 55 sx Class "C" w/3% CaCl (wt. 14.8#/gal). Pull 12 stands. Wait 2 hrs. Tag cmt @ 3307'. Load hole w/9#/gal mud. Spot 2nd plug from 4431-4343 = 100' w/30 sx same type cmt. Spot surface plug from 62' back to surface, 15 sx. Release Unit. SION. Install dry hole marker and clean up lease. P&A. Final Report.

RECEIVED
SEP 17 7 59 AM '90

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

SIGNED Sher Williams TITLE Production Clerk DATE 9-13-90

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam G. [unclear] TITLE [unclear] DATE 9-18-90

CONDITIONS OF APPROVAL, IF ANY:

Approved as to plug log of the well bore,
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

RECEIVED

SEP 21 1990

OCS
HOBBS OF ICE