

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. 30-025-27586	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. LG-1869	
7. Lease Name or Unit Agricultural Name Bobbi	
8. Well No. 4	
9. Pool Name or Wildcat W. Arkansas Junction-SA	

Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line
Section <u>20</u> Township <u>18 South</u> Range <u>36 East</u> NMDM Lea County
10. Elevation (Show whether DF, RKB, KT, GR, etc.) <u>3838 GR</u> <u>3849 KB</u>

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:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Manzano Oil Corporation 505/623-1996

3. Address of Operator

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

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West Line

Section 20 Township 18 South Range 36 East NMDM Lea County

10. Elevation (Show whether DF, RKB, KT, GR, etc.)

3838 GR

3849 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

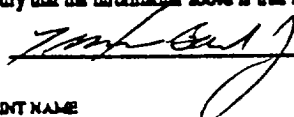
OTHER: Returning to Production ☒

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.

3-20-91 Reinstalled electric power. Returned to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE

Kenneth Barbe, Jr., VP

DATE

April 25, 1991

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: