

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Manzano Oil Corporation	8. FARM OR LEASE NAME Dorothy
3. ADDRESS OF OPERATOR P.O. Box 571, Roswell, NM 88201	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 554' FSL and 554' FEL Section 25	10. FIELD AND POOL, OR WILDCAT EK Bone Springs
14. PERMIT NO.	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-18S, R-33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3855'	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Change of Operator <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

C.W. Trainer of Route 3 Box 607, Marble Falls, Texas 78654 was the initial operator. This notice is to advise that Manzano Oil Corporation shall be the Operator.

Manzano Oil Corporation has a state wide band approved by the Bureau of Land Management.

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

SIGNED Charles W. Trainer

TITLE Vice-President

DATE 8-16-84

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE CARLSON

DATE 9-18-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side