Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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 [X] GAS WELL [ ] OTHER

5. LEASE DESIGNATION AND SERIAL NO.: NM 0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Manzano Oil Corporation

8. FARM OR LEASE NAME: Edith Federal

3. ADDRESS OF OPERATOR: P. O. Box 2107, Roswell, New Mexico 88202

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: 660' FSL and 2130' FWL Section 25, T-18S, R-33E, Unit N

10. FIELD AND POOL, OR WILDCAT: EK Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 25, T-18S, R-33E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3864.4' GR

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	X	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS					
(Other)				(Other)			

(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.)*

Perforate 2nd Bone Spring Sand from 9720-9800' overall. Acidize and fracture treat if necessary.

Comingle w/upper set of 2nd Bone Spring perforations (9428-9484' overall) and put back to production.

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

SIGNED Laura Hutter TITLE Production Department DATE 5-16-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-28-91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side