

UNITED STATES COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPL
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 0245247
2. NAME OF OPERATOR Manzano Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 571, Roswell, New Mexico 88201	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 660' FSL and 2130' FWL Section 25	8. FARM OR LEASE NAME Edith Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3864.4' GR	10. FIELD AND POOL, OR WILDCAT Undes EK Bone Springs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-18S, R-33E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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"/>
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 PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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"/> Setting Intermediate casing	

(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.)*

8-29-84 Moved in Rotary and rigged up. Spudded 17½" hole at 9:00 PM
8-30-84 Ran 9 jts. 362' 13 3/8" 54.5# casing and cemented. See previous report.
9-05-84 TD 3665' Ran 98 jts. 3674' 8 5/8" 32# ST&C K55 Intermediate casing and set at 3665'.
Cemented casing with 1600 sacks Halliburton light containing 15# of salt and ½# Flocele per sack followed by 200 sacks Class "C" with 2% CaCl₂. Plug down at 11:00 PM 9-5-84.
Pressure casing and plug to 1500#. Circulated 200 sacks cement. Witness by BLM.

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

SIGNED Charles M. Hicks

TITLE Vice-President

DATE 9-6-84

(This space for Federal or State office use)

APPROVED BY LWQ

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

SEP 7 1984

Carlsbad,

NEW MEXICO

*See Instructions on Reverse Side