

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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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 CORP		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 571, Roswell, NM 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 SUBVY OR ARRA Sec.25 T18S, R33E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input 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"/> setting surface 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 Moving in Rotary and rigging up. Spudded 17 1/2" hole at 9:00 P. M.

8/30/84 Ran 9 Jts. 362' 13 3/8" 54.5# LT&C casing with insert float and Texas Pattern shoe and set 360'. Cemented with 400 sacks Class "C" cement with 2% CaCl₂. Plug down at 9:00 A.M. 8-30-84. Circulated 100 sacks cement.

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

SIGNED Charles W. Hicks TITLE Vice President DATE Sept. 6, 1984

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY SWQ TITLE _____ DATE _____
CONDITIONS OF APPROVAL SEP 7 1984

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NEW MEXICO

*See Instructions on Reverse Side