

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Edith Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Undes. E.K. Bone Springs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 25, T18S, R33E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Manzano Oil Corporation 505/623-1996

3. ADDRESS OF OPERATOR
P.O. Box 571, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2130' FNL & 660' FWL of Section 25

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3855.4 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Ran 5 1/2" casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

9/14/85 Drilled 7-7/8" hole from 3700' to 10,500'. Ran 257 joints (10,501') of 5-1/2" 17 & 20# casing with float shoe, float collar & 12 centralizers, cemented with 780 sacks Class H cement with 50/50 POZ mix plus 2% gel, 3# salt & .3 of 1% Halad 22 per sack. Plug down @ 4:25 a.m. 9/14/85. Released rotary rig. Waiting on completion unit.

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

SIGNED

TITLE Jackie Midkiff/Prod. Clerk

DATE 9/30/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 7 1985

*See Instructions on Reverse Side