

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

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-25457	
2. NAME OF OPERATOR Manzano Oil Corporation 505/623-1996		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2107, Roswell, NM 88202-2107		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 1850' FNL & 990' FWL of Section 23		8. FARM OR LEASE NAME Murjo Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether SP, ST, GR, etc.) 3773' GR		10. FIELD AND POOL, OR WILDCAT Undes Querecho Plains Upper Bone Spring	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23, T18S, R32E	
		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) <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 checked="" type="checkbox"/> Casing & cement	

(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.)*

6/25/87 Spudded 17½" hole @ 4:15 p.m. 6/25/87.

Drilled to 350'. Ran 11 joints (359') of 13-3/8" 48# J55 ST&C 8 round casing. Set & cemented @ 350' w/350 sacks Class C w/2% CaCl. Circulated 80 sacks to surface. Plug down @ 4:00 a.m. 6/26/87. WOC 12 hrs. Press up on casing to 1200#, held OK.

6/28/87 Drilled to 2777'. Ran 69 joints (2779') of 24 & 32# ST&C J55 8 round casing. Set & cemented @ 2777' w/1000 sacks Halliburton Lite w/1/4# floeal & 6# salt per sack, followed by 200 sacks Class C w/2% CaCl. Circulated 200 sacks to surface. Plug down @ 10:25 p.m. 6/28/87. WOC 12 hrs. Tested to 1000#, held O.K.

RECEIVED

JUL 13 8 15 AM '87
CARLSBAD, NEW MEXICO
AREA NEW MEXICO

ACCEPTED FOR RECORD

JUL 14 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Jackie Midkiff/Landwoman

DATE 7/8/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side