

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-57534
2. NAME OF OPERATOR Manzano Oil Corporation		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 F, 1650' FNL & 1980' FWL		8. FARM OR LEASE NAME Sun Federal Com
14. PERMIT NO. 30-025-30268		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3825.4' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T18S, R33E
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Attempt Delaware Comp</u>	
(Other) <input type="checkbox"/>		(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.)*

12/31/91 Perf Delaware 5243-56' = 13' w/14 holes & 5270-93' = 23' w/24 holes.
Acidized w/2000 gal 15% NE/FE + clay-stay & Pen-88 w/70 balls.
1/03/92 Swab dry in 3 runs. Rec 6 bbls acid wtr. No entry next 4 hrs. Had very
lite show of frm gas ahead of swab but no fl. SI. RD.
6/06/92 Make one swab run per hour for 4 hrs. 4th hr - no entry.
6/09/92 Frac down 2-7/8" tbg with 493 bbls Viking 135 gel + 37k# 16/30 sand.
6/12/92 SITP 5#. FL 4000'. 10' free oil rest 1% oil cut. 4 hr swab test. 4th hr
FL 4900' FS - Rec 5 bbls - 1% cut. Release unit. Final report.

FILED FOR RECORD
Ad

JUN 16 1992

COURT REPORT, NEW MEXICO

JUN 16 11 12 AM '92

RECEIVED

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

SIGNED <u>Allison Raney</u>	TITLE <u>Production Analyst</u>	DATE <u>June 15, 1992</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side