Submit 3 Copies To Appropriate District Office	State of New M		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Nati	ural Resources	Revised March 25, 1999	
District II	OIL CONSERVATION	IDIVIGION	WELL API NO. 30-025-34880	
811 South First, Artesia, NM 87210 District III	2040 South Pac		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	1	STATE FEE 🖔	
2040 South Pacheco, Santa Fe, NM 87505	Ounta 1 0, 141/1 0	7505	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PL CATION FOR PERMIT* (FORM C-101) FO	LIG BACK TO A	7. Lease Name or Unit Agreement Name:	
Oil Well (X) Gas Well (Other			Citation	
Name of Operator Manzano Oil Corpora			8. Well No.	
3. Address of Operator	icion		I William William	
P.O. Box 2107, Rosy	vell, NM 88202-2107		9. Pool name or Wildcat E-K; Yates-7 RVRS	
4. Weil Location			E K, Tutes / KVKS	
Unit LetterL:	1650 feet from the Sout	h line and 3	game of the grant	
Section 20	Township 185 Ra	inge 34E	NMPM County Lea	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11 Chook A	4062 G	CN		
NOTICE OF IN	ppropriate Box to Indicate N			
PERFORM REMEDIAL WORK		REMEDIAL WORK	SEQUENT REPORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND	ABANDONMEN	
OTHER:		OTHER: Per	rf, etc. 🛛	
12. Describe proposed or complet	ed operations. (Clearly state all per	tinent details, and giv	ve pertinent dates including estimated date	
of starting any proposed work) or recompilation.	. SEE RULE 1103. For Multiple C	Completions: Attach	wellbore diagram of proposed completion	
or recompliation.				
2/00/00	500 1 William 20 + 5	4 700" 6 46	100	
3/09/00 Frac w/21,500 gal Viking 30 + 54,780# of 16/30 Ottawa Sd. 3/14/00 8th hr - 3 swab runs - FL 3600' - Rec 13 BF - 2% oil cut.				
3/15/00 Pick up pump. RIH.				
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T1 1 20 1 20 1				
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	
SIGNATURE () () ()	WYNAMO TITLE	Engineering 7	Technician DATE 4/04/00	
Type or print name Alliso	n Hernandez		Telephone No. (505) 623-19	196
(This space for State use)				- J Q
APPPROVED BY	יו דירויר		1 00%	
Conditions of approval, if any:	TITLE		DATE	