Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-	-103
<u>District 1</u> 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources r, Hobbs, NM 87240			Revised March 25, 1999 WELL API NO.		
<u>District II</u> 811 South First, Artesia, NM 87210				30-025-34880		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	NM 87410 2040 South Pacheco			5. Indicate Type of Lease  STATE FEE		
District IV Santa Fe, NM 87505  2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No.		
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" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name:		
1. Type of Well: Oil Well  Gas Well  Other				Citation		
2. Name of Operator				8. Well No.		
Manzano Oil Corporation  3. Address of Operator				1		
P.O. Box 2107, Roswell, NM 88202-2107				9. Pool name or Wildcat E-K; Yates-7 RVRS		
4. Well Location	. 1 J 3 111 1 00 <u>C</u> 0 <u>C</u>	<u> </u>		T L-N, Tuces	-/ NVN3	
Unit Letter L:	1650 feet from the	Sout	h line and	330 feet from	m the <u>West</u>	line
Section 20	Township 1		ange 34E	NMPM	County Lea	
	10. Elevation (Show w	vhether D	R, RKB, RT, GR, et	(c.)		
11 Check An	propriate Box to Inc	4062 G	Lature of Notice	Papart or Other	Doto	
NOTICE OF INT	ENTION TO:	dicate IN		SEQUENT RE		
PERFORM REMEDIAL WORK			REMEDIAL WOF		ALTERING CASIN	G 🗆
TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DE				RILLING OPNS. 🕅	PLUG AND	
	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND	ABANDONMENT	
OTHER:			OTHER:			
<ol> <li>Describe proposed or completed of starting any proposed work). or recompilation.</li> </ol>	l operations. (Clearly st SEE RULE 1103. For	ate all per Multiple (	rtinent details, and Completions: Attac	give pertinent dates, ch wellbore diagram	including estimated of proposed complet	date ion
csg w/Texa	@ 4:00 p.m. R as pattern shoe nted w/275 sks	, inse	ert float + .	3 centrilizer	rs. Set @ 42	R 2'
I hereby certify that the information a SIGNATURE ULLYCAL						00
Type or print name Allison (This space for State use)	Hernandez	<u> </u>		Telep	hone No. (505)	<u>623</u> -199
:						
APPPROVED BYConditions of approval, if any:	·	TITLE_			DATE	

