

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-67110
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 1980'FNL & 660'FEL <i>Unit H</i>		8. FARM OR LEASE NAME Federal "31-G"
14. PERMIT NO. 30-025-27131		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3574.38'GR		10. FIELD AND POOL, OR WILDCAT Gem Bone Spring
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 31, T19S, 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:

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 PLANS	<input type="checkbox"/>
(Other)			

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)	<i>Attempt Recompletion</i>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion or 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.)\*

- 3-02-91 Set CIBP on wireline @ 10,400' + 25' cement. Perf Delaware interval at 7867', 69, 75, 76, 77, 81, 82, 83, 85, 86, 87, 91, 94, 95, 96 and 97'.
- 3-03-91 Acidized well w/1750 gallons 15% NE/FE w/clay stab plus 30 balls.
- 3-05-91 Swab dry first run. Wait 2 hrs - 6th run - 100' of fluid in hole - rec 20' w/tr oil.
- 3-07-91 Acidized w/1500 gal 7-1/2% NE/FE acid + Penn 88 + Lo-Surf + clay control + 1000 ft 3/bbl N2. Recovered muddy rusty wtr w/fines the first four runs then wtr cleaned up. Wait 1 hr - 100' fluid in hole - no rec.
- 3-08-91 Perf 7643-46' = 3' - 6 holes; 7654-60' = 6' - 12 holes; 7666-68' = 2' - 4 holes; 7882-84' = 2' - 4 holes.
- 3-09-91 PU packer & plug. RIH, set plug @ 7781'; pkr @ 7750'. Test to 2000 psi, ok. Pull pkr to 7562' & set. Acidize with 1700 gal 15% NE/FE with clay stabilizer & Penn 88 & 35 ball sealers.
- 3-11-91 This a.m. SITP 50 psi, FL 1200' FS.
- 3-12-91 Swab well down to 7200' in 2 hrs - all salt water.
- 3-13-91 Unset pkr @ RBP. POOH. Pick up mud anchor and 335 jts - 2-3/8" tbgs. TIH open ended with no anchor.

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

SIGNED Allison Kelly TITLE Production Clerk DATE 3-26-91  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side