

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

NM-67986

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Xion Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 18-T18S-R32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Reentry

2. NAME OF OPERATOR

Manzano Oil Corporation 505/623-1996

3. ADDRESS OF OPERATOR

P.O. Box 2107, Roswell, NM 88202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface

660' FNL & 660' FEL

14. PERMIT NO.

30-025-27846

15. ELEVATIONS (Show whether SV, ST, OR, etc.)

3751.4'

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Change Well Name

(Other)

(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.)*

We request the name of the well be Xion Federal #1. The Form 9-331 C was filed as P.B.I.C. Federal #1 in error.

SJS

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

SIGNED

TITLE Jackie Midkiff/Landwoman

DATE

12/8/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 10 11 00 AM '87