

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease

State ☐Fee ☒

5. 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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name ---
2. Name of Operator Manzano Oil Corporation (505-623-1996)	8. Farm or Lease Name Shaw Fee
3. Address of Operator P.O. Box 571, Roswell, NM 88202	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>2130</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>17-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Humble City Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3748.6 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/30/85 Drilled 12½ hole to 350'. Ran 11 jts. (350') of 48# 13-3/8" casing. Set and cemented @ 350' w/350 sacks Class C cmt with 2% CaCl and 1/4# floseal per sack. Plug Down at 11:00 a.m. 1/30/85. WOC 12 hrs, Press up to 1000# for 30 min, held OK. Circulated 100 sacks to surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jackie Midkiff TITLE Jackie Midkiff/Prod. Clrk. DATE 2/1/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB - 5 1985

RECEIVED

FEB - 4 1985

O.C.D.
HOBBS OFFICE