

Form 3160-5  
November 1983)  
Formerly 9-331)

U. S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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"/> | 2. NAME OF OPERATOR<br>Manzano Oil Corporation | 3. ADDRESS OF OPERATOR<br>P.O. Box 2107, Roswell, NM 88202-2107 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1650' FSL & 1650' FEL | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-56263 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | 7. UNIT AGREEMENT NAME | 8. FARM OR LEASE NAME<br>Sun Pearl Federal | 9. WELL NO.<br>#1 | 10. FIELD AND POOL, OR WILDCAT<br>Pearl Queen | 11. SEC., T., R., M., OR BLM. AND<br>SUBSTANTIAL AREA<br>Sec 28, T19S, R34E | 12. COUNTY OR PARISH<br>Lea | 13. STATE<br>NM |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|------------------------|--------------------------------------------|-------------------|-----------------------------------------------|-----------------------------------------------------------------------------|-----------------------------|-----------------|

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                          |                                          |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PCCL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |                                          |

(Other) See remarks below

(NOTE: Report results of multiple completion on Well Completion or Recumpletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all washers and tubes pertinent to this work.)\*

Manzano Oil Corporation will use 4-1/2" casing rather than 5-1/2" casing as indicated on the approved APD.

RECEIVED  
JUN 2 11 25 AM '89  
COST AREA

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

|                                              |                                      |                     |
|----------------------------------------------|--------------------------------------|---------------------|
| SIGNED <u>Allison Hedgins</u>                | TITLE <u>Land/Drilling Secretary</u> | DATE <u>6/1/89</u>  |
| (This space for Federal or State office use) |                                      |                     |
| APPROVED BY <u>[Signature]</u>               | FOR: <u>CHIEF, MINERAL RESOURCES</u> | DATE <u>6-12-89</u> |
| CONDITIONS OF APPROVAL, IF ANY:              |                                      |                     |

\*See Instructions on Reverse Side

RECEIVED

JUN 14 1989

OCD  
HOBBS OFFICE