

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-54882

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wynell Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 15, T19S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

1. OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Manzano Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Box 2107, Roswell, NM 88202-2107

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

2310' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3667' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Perforate

FILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)\*

Will be perforating the Atoka zone from 12,630' to 12,637' and stimulating if necessary.

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

SIGNED Alison Wiggins

TITLE Land/Drilling Secretary

DATE 8/22/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE

DATE 8-25-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side