

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-56263	
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 1850' FSL & 550' FEL		8. FARM OR LEASE NAME Sun Pearl Federal	
14. PERMIT NO. 30-025-30663		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3709' GL		10. FIELD AND POOL, OR WILDCAT Pearl Queen	
		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec 28, T19S, R34E	
		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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

12/07/89 Perf Penrose from 4782' to 4788' (6', 7 holes) and 4829' to 4835' (6', 7 holes).
PBTD @ 6109'.
12/08/89 Set packer @ 4805'. Acidized perfs from 4829' to 4835' with 800 gallons
15% NEFE & 14 balls.
12/09/89 Pull packer to 4717'. Acidized perfs from 4782' to 4788' with 800 gallons
15% NEFE & 14 balls.
12/11/89 Frac down casing with 30K gal 40# cross linked gel & 45K# 20/40 sand &
20K# 16/30 sand.

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

SIGNED Allison Rafe TITLE Production Clerk DATE 12/15/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side