

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. DATE*
(Other instruction on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-56749

RECEIVED

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.)

APR 6 11 10 AM '90

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Gas in Morrow
Oil in Wolfcamp

CARLSBAD AREA

2. NAME OF OPERATOR
Manzano Oil Corporation

3. FARM OR LEASE NAME

Texaco Federal

3. ADDRESS OF OPERATOR
P.O. Box 2107, Roswell, NM 88202

9. WELL NO.

#1

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

10. FIELD AND POOL, OR WILDCAT

East Gen Morrow
Wolfcamp Wildcat

2060' FSL & 1990' FWL

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

SEC. 14-T19S-R33E

14. PERMIT NO.
30-025-30763

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3673' GL

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 perti-
nent to this work.)*

4-4-90 Acidized Wolfcamp perforations 11,100-11,130' w/3500 gallons 20% NE/FE
acid + 25 balls. Flowed back load. Tested 48 RF/hr, 75% oil, FTP 400 psi
on 24/64" choke.

ACCEPTED FOR RECORD

APR 17 1990

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

CARLSBAD, NEW MEXICO

SIGNED Donnie E. Brown

TITLE Vice President, Engineering

DATE April 5, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER X Gas in Morrow; APR 5 1990 Oil in Wolfcamp		5. LEASE DESIGNATION AND SERIAL NO. NM-56749	
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 2060' FSL & 1990' FWL		8. FARM OR LEASE NAME Texaco Federal	
14. PERMIT NO. 30-025-30763		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3673' GL		10. FIELD AND POOL, OR WILDCAT East Gem Morrow Wolfcamp Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T19S-R33E	
		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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

3-23-90 Perf Morrow from 13,152-58' = 6' w/18 holes. Set choke on 6/64" choke.
No change in producing rate.

3-24-90 Set Blanking Plug in "XN" nipple at 13,076'.

4-03-90 Perforated Wolfcamp 11,100-130' w/31 holes.

4-04-90 Flowing 408 BOPD w/FTP = 250 psi on 16/64" choke.

ACCEPTED FOR RECORD

AK

APR 17 1990

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

SIGNED

Donnie E. Brown
Donnie E. Brown

TITLE

Vice President, Engineering

DATE

April 4, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

APR 20 1970

OCF

HOBBS G-116