

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

2. LEASE DESIGNATION AND SERIAL NO.

NM 56263

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

5. FARM OR LEASE NAME

Sun Pearl Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

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

Section 28-T19S-R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ 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' FNL & 1940' FEL unit G

14. PERMIT NO.

API 30-025-30892

15. ELEVATIONS (Show whether DF, MT, GN, etc.)

3707.1'

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 COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Set Intermediate Casing

(NOTE: Report results of multiple completion or 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 and 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.)*

6-7-90: Ran 118 jts (5147') of New 5-1/2" 17# J55 LT&C 8R w/float shoe-float collar and 11 centralizers. Cmt w/850 sx Haliburton Lite + 12# Salt + 1/4#/sx Flo-seal. Tailed in w/575 sx 50/50 Poz. Plug down 12:45 p.m. 6-6-90. Tested plug to 2200 psi, ok. Estimated top of cement 200' FS.

RECEIVED

JUN 14 10 27 AM '90

CARLESON
AREA

ACCEPTED FOR RECORD

Adm

CARLESON, NEW MEXICO

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

SIGNED

Sharon M. Williams

TITLE Production Clerk

DATE June 8, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 22 1990

OCD
HOBBS OFFICE