

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MANZANO OIL CORPORATION		8. FARM OR LEASE NAME Sun Pearl Federal	
3. ADDRESS OF OPERATOR P.O. Box 2107, Roswell, NM 88202-2107		9. WELL NO. #3	
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		10. FIELD AND POOL, OR WILDCAT Pearl Queen	
11. SEC., T., R., M., OR BLK. AND SUBSET OR AREA Section 28-T19S-R34E		12. COUNTY OR PARISH Lea	
13. STATE New Mexico		14. PERMIT NO. API 30-025-30892	
15. ELEVATIONS (Show whether DF, ST, GR, 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 PLANS

SUBSEQUENT REPORT OF:

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Set Surface 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.) *

5-27-90: Ran 31 jts (1362') 8-5/8" 24# J55 Casing. Set @ 1372' KB, cmt w/400 sx Haliburton Lite + 40# FloSeal & 2% CaCl. Tailed in w/200 sx Class C + 2% CaCl. Circ 85 sx. Plug down @ 8:45 a.m. 5-26-90.

RECEIVED
JUN 12 3 04 PM '90
BUREAU OF LAND MANAGEMENT

ACCEPTED FOR RECORD

Adm

CHIEF OF BUREAU

SANITARIUM, NEW MEXICO

RECEIVED
JUN 14 10 27 AM '90
CARRIZO AREA
BUREAU OF LAND MANAGEMENT

RECEIVED

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
HOMES OFFICE