

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 ☐ GAS WELL ☒ OTHER ☐		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 1980' FNL & 2310' FEL Unit G		8. FARM OR LEASE NAME Texaco Federal Com.
14. PERMIT NO. 30-025-30943		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3695.6' GL		10. FIELD AND POOL, OR WILDCAT East Gem Morrow
		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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) Plugback ☐	X

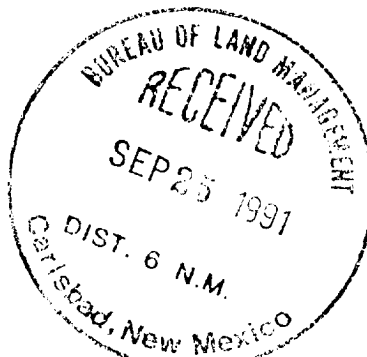
SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

(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.)

1. Set CIBP @ 12,850' w/50' cmt to P&A Morrow Perforations
2. Perf Wolfcamp zone fr 11,122'-27'. Acidize & Evaluate.
3. If productive - return to prod.
4. If not - Set CIBP @ 11,000' w/50' cmt. Test Bone Springs Carbonate fr 10,380'-10,430' overall. Evaluate.



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

SIGNED Laura J. King

TITLE Production Analyst

DATE 9/4/91

(This space for Federal or State office use)
SIGNED by Shannon J. Shaw

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9/30/91

*See Instructions on Reverse Side

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form E-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
600 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

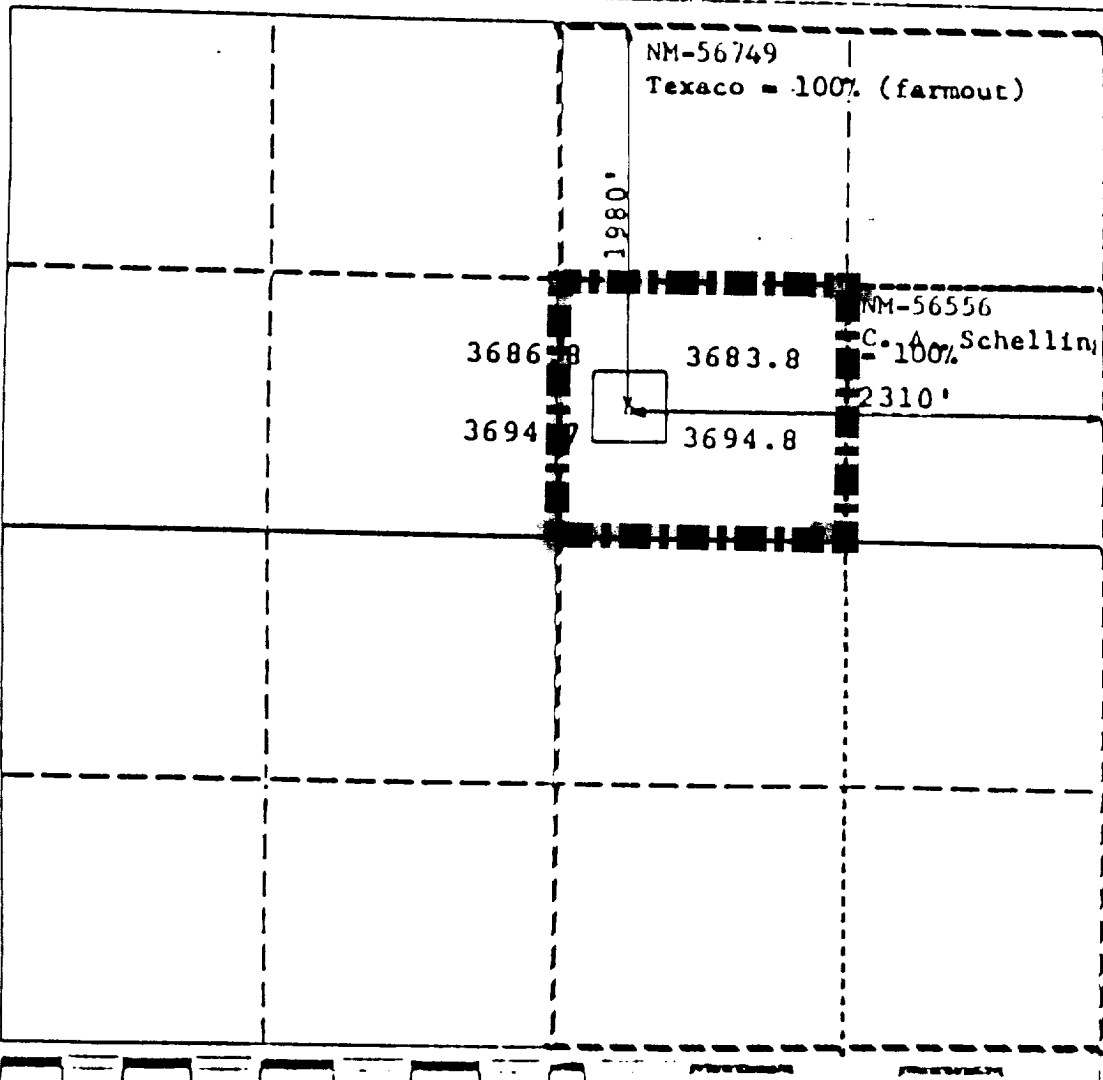
All Distances must be from the outer boundaries of the section

Operator Manzano Oil Corp.			Lease Texaco Federal COM.		Well No. 2
Ind. Letter G	Section 14	Township 19 South	Range 33 East	County Lea	

Actual Footage Location of Well:

1980 feet from the North line and		2310 feet from the East line	
Ground level Elev. 3695.6	Producing Formation Wolfcamp	Pool East Gem Morrow	Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or ink on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (such as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☒ Yes ☐ No If answer is "yes" type of consolidation **communitization**
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, force pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
Laura J. King
Printed Name **Laura J. King**
Position **Production Analyst**
Company **Manzano Oil Corporation**
Date **Sept. 4, 1991**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes, actual surveys made by me or under supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
May 24, 1990
Signature & Seal of
Professional Surveyor
P. R. Patton
Certificate No.
8112