

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		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 2		8. FARM OR LEASE NAME Texaco Federal Com.	
14. PERMIT NO. 30-025-30943		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3695.6' GL		10. FIELD AND POOL, OR WILDCAT East Gem Morrow	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 14, T19S, R33E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

9-20-90 Received verbal approval from Shannon Shaw to set 8-5/8" casing at 4800' KB.

10-18-90 Ran 113 jts 8-5/8" 32# K55 ST&C (4808'). Set @ 4800' KB. Cemented w/1800 sks Halib. lite & 12 lbs/sks salt & 1/4 lb/sks Flo-Seal + 200 sks Class C & 2% CaCl. Plug down @ 5:00 a.m. 10-18-90. Pressured csg to 1100 psi - ok. Had good returns throughout job. Did not circulate. 1 inch 100 sks Class C + 2% CaCl. Tag Cement @ 286'. 1 inch 200 sks Class C + 2% CaCl. Circulate cement.

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

SIGNED Alexis Roff

TITLE Production Clerk

DATE Oct. 19, 1990

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED

OCT 25 1990

OCD  
HOBBS OFFICE