Submit 3 Copies To Appropriate District Office District I	Copies To Appropriate District State of New Mexico			Form C-103 Revised March 25, 1999				
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.				
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505			<u>30-025-35120</u> 5. Indicate Type of Lease				
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				STATE STATE				
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505				 State Oil & Gas Lease No. V0-5694 				
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well: Oil Well [X] Gas Well	7. Lease Name or Unit Agreement Name: Manzanita State							
2. Name of Operator	8. Well No.							
Manzano Oil Corporati	1							
3. Address of Operator	9. Pool name or Wildcat							
P.O. Box 2107, Roswel 4. Well Location	Featherstone (Bone Spring)							
Unit Letter <u>E</u> : 1880 feet from the North line and <u>660</u> feet from the <u>West</u> line								
Section 16	Township	205 Ra	ange 35E	NMPM	County Lea			
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3707 'GL								
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
				SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K L				
	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND			
	MULTIPLE COMPLETION		CASING TEST AI CEMENT JOB					
OTHER:			OTHER:					
 Describe proposed or completed of starting any proposed work). or recompilation. 	operations. (Clearly s SEE RULE 1103. For	state all per Multiple (tinent details, and g Completions: Attac	give pertinent dates, h wellbore diagram	including estimated date of proposed completion			
5-1/2" 17# N		+ 12 ce	ntralizers.		oat collar, 267 jts ,838'KB. Cement			

I hereby certify that the information						
SIGNATURE (III)	termanaly	TITLE	Engineering Tec	hnician	DATE	10/16/00
Type or print name	Allison Hernandez					505/623-1996
(This space for State use)	(en de la verte de la dec	:A:48		
APPPROVED BY		TITTÉ	SACE SUPERVISOR		DATE_	
Conditions of approval, if any:					↓月 出 1	