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Submit 3 Copies To Appropriate District State of New Mexic	Form C-103			
Office Energy, Minerals and Natural	Resources Revised March 25, 1999			
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.			
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION D	IVISION <u>30-025-35120</u>			
District III 2040 South Pachec	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 8750	STATE FEE			
2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No. V0-5694			
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR S	UCH Manzanita State			
PROPOSALS.) 1. Type of Well:				
Oil Well 🖾 Gas Well 🗆 Other				
2. Name of Operator	8. Well No.			
Manzano Oil Corporation	1			
3. Address of Operator	9. Pool name or Wildcat			
P.O. Box 2107, Roswell, NM 88202-2107	Featherstone (Bone Spring)			
4. Well Location				
Unit Letter E: 1880 feet from the North	line and 660 feet from the West line			
Section 16 Township 20S Range	e 35E NMPM County Lea			
10. Elevation (Show whether DR, R	KB, RT, GR, etc.)			
3707'GL				
11. Check Appropriate Box to Indicate Natur				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
	EMEDIAL WORK ALTERING CASING			
	OMMENCE DRILLING OPNS. 🔀 PLUG AND			
	ASING TEST AND			
	EMENT JOB			
	THER:			
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 				
•	13-3/8" = .155 csg + 3 centralizers			
	C + 2% CaCl. Circl 64 sks to pit.			
9/10/00 TIH @ 3805'. Ran 88 jts 8-5/8" csg w/guide shoe & float collar + 5 centralizers.				
Set @ 3805'KB. Cemented w/850 sks Cl C Lite . Tail in w/300 sks Cl C. Circl				
50 sks to pit.				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Ulidette Strang TITLE E	ngineering Technician DATE 9/14/00			
Type or print name Allison Hernandez	Telephone No. 505/623-1996			

(This space	for	State	use)
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APPPROVED BY	TITLE	$\int dt = \int \int \int \int dt = \int \int \partial dt = \int \partial $	DATE

Conditions of approval, if any: