

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.	30-025-23992
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Ammons Madera
8. Well No.	1
9. Pool name or Wildcat	Salado Draw Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3310' DF

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Manzano Oil Corporation 505/623-1996

3. Address of Operator
P.O. Box 2107/Roswell, NM 88202-2107

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line

Section 15 Township 26 South Range 33 East NMPM Lea County

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perforating & Acidizing ☒

12. 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.

3/26/93 Perf 9 holes - 5076-85'. Treated w/750 gal 10% NEFE.

3/28/93 RIH w/tbg. Total 165 jts including MA. End of MA set @ 5045'. Hung well on.
Before work production was 1-1/2 BOPD + 3 MCFGPD.
After work production was 5-1/2 BOPD + 6 MCFGPD.

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

SIGNATURE Allison Raney TITLE Engineering Technician DATE April 22, 1993

TYPE OR PRINT NAME Allison Raney TELEPHONE NO. 623-1996

(This space for State Use)

ORIGINAL WORKING COPY DELETED

MAY 03 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: