

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 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503

WELL API NO. 30-025-33091
5. Indicate Type of Lease STATE [ ] FEE [X]
6. State Oil & Gas Lease No.

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 [X] GAS WELL [ ] OTHER

2. Name of Operator Collins & Ware, Inc.

3. Address of Operator 508 W. Wall, Suite 1200, Midland, TX 79701

4. Well Location Unit Letter J : 2510 Feet From The South Line and 1486 Feet From The East Line Section 35 Township 14S Range 37E NMPM Lea County



7. Lease Name or Unit Agreement Name T.D. Pope

8. Well No. 34

9. Pool name or Wildcat Denton Devonian

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3803' GR

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: Drilling permit extension [X]
SUBSEQUENT REPORT OF: REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ] CASING TEST AND CEMENT JOB [ ] OTHER: [ ]

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.

At this time, Collins & Ware, Inc. respectfully requests an extension to the drilling permit for this well. The permit will expire on September 8, 1996. Plans are to drill this well sometime in 1997.

Expires Sept 8, 1997

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE Production Supervisor DATE 8/22/96 TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435

(This space for State Use) ORIGINAL COPY OF THIS DIVISION APPROVED BY [Signature] TITLE DATE 8/22/96 CONDITIONS OF APPROVAL, IF ANY: