

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
2040 Pacheco St.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-025-10395 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Wood, Eugene |
| 8. Well No. 10 |
| 9. Pool name or Wildcat Blinebry Oil & Gas |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3360' DF 3349' GR |

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.)

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|---|--|
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator Collins & Ware, Inc. |
| 3. Address of Operator 508 West Wall, Suite 1200, Midland, Texas 79701 | 4. Well Location Unit Letter H : 1880 Feet From The North Line and 860 Feet From The East Line Section 22 Township 22S Range 37E 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: Change of Pool based on GOR ☒

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.

Based on the GOR test that was recently taken, we will be filing the Eugene Wood #10 in the Blinebry Oil & Gas (06660) rather than in the Blinebry Oil & Gas (Pro' Gas) (72480) effective January 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 2/21/97
TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435

(This space for State Use)

ORIGINAL FILED BY STACY SEXTON
FILED BY STACY SEXTON

MAR 04 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: