

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

RECEIVED

WELL API NO.

30-015-26280

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Collins & Ware, Inc

3. Address of Operator

303 W. Wall, Suite 2200, Midland, TX 79701

4. Well Location

Unit Letter N : 660 Feet From The South Line and 2120 Feet From The West Line

Section 24

Township 21-S

Range 27-E

NMPM

Eddy

County

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

3126.4 GR

7. Lease Name or Unit Agreement Name

Lone Tree Federal Com.

8. Well No.

1

9. Pool name or Wildcat

East Carlsbad Morrow

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: ☐

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.

1. Set a CIBP @ 10,250' KB; dump 35 feet of cement on top of plug.
2. Perforate as follows with 2 shots per foot: (1. 26-60F)
 - A. 9,692 to 9,696' KB (10 holes)
 - B. 9,704' to 9,716' KB (26 holes)
 - C. 9,735' to 9,738' KB (8 holes)
3. Swab and/flow to test; treat with 6000 gallons of 15% NeFe acid if necessary.
4. Swab and/flow to test.
5. Run BHP test.
6. Run surface potential test.

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

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 25 1992