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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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

v 737

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.)

7. Lease Name or Unit Agreement Name

A.E. 36 State

8. Well No.

1

9. Pool name or Wildcat
avalon, E.

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Collins & Ware, Inc.

3. Address of Operator

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

4. Well Location

Unit Letter E : 2180 Feet From The North Line and 660 Feet From The West Line

Section 36 Township 20S Range 28E NMPM Eddy County

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

3207.6 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: ☐

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.

GIH and set CIBP @ 5250'. Displaced hole w/10PPG mud. spotted 35 sx. cement from 5250 to 4950'. Spotted 25 sx. cement plug from 2899-2673. Tagged @ 2641'. Spotted 135 sx cement plug from 1550-220'. Tagged @ 192'. POOH and cut off wellhead.

Spotted 10 sx. cement plug @ surface. Welded on dry hole marker and cut off anchors.

final report: well P&A 9-1-93.

Post ID-2
9-24-93
P&A

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

SIGNATURE Max Guerrey TITLE Regulatory Mgr.

DATE 9-1-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: