

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
OCT 20 1993

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 88115
2. Name of Operator Collins & Ware, Inc. ✓	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 303 W.Wall, Ste. 2200, Midland, TX 79701	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) K, Sec. 33, T22S, R26E 1980' FSL & 1980' FWL	8. Well Name and No. Dall Fed. # 1
	9. API Well No. 30-015-27632
	10. Field and Pool, or Exploratory Area Happy Valley Delaware
	11. County or Parish, State Eddy NM

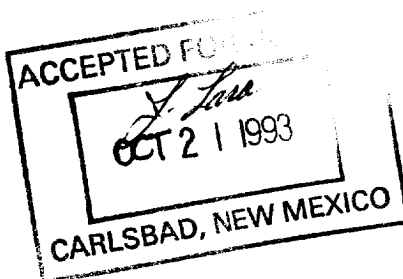
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>perforate & frac.</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

9-28-93: RU & perforate 5 1/2" csg. from 2544-2579. Run 2 3/8" tbgr. to 2428'.
9-29-93: Frac'd well w/ 15, 300 gal. of acid and 44,500# 12/20 sand.
Preparing to run rods, pump and install artificial lift.



14. I hereby certify that the foregoing is true and correct

Signed Max Guerrey

Title Regulatory Mgr.

Date 10-4-93

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: _____