

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

45F
DP

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

FEB 26 '90

WELL API NO. 30-005-62331
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-5246

7. Lease Name or Unit Agreement Name Frank "P" State
8. Well No. 2
9. Pool name or Wildcat Diablo-San-Andres

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Collins Oil & Gas Corporation ✓	
3. Address of Operator P.O. box 2443, Roswell, NM 88202-2443	
4. Well Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>10S</u> Range <u>27E</u> NMPM Chaves County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3870 G.L.	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1/22/90 Pumped 5000 gallons of 20% HCL Acid down the back side of casing.
Shut in casing for 24 hrs.
1/23/90 Turned pump-jack on to recover load.
1/27/90 Test on well was 10 BOPD, no water and 20 MCF of gas. Increased production 3 BOPD.

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

SIGNATURE Roy D. Collins TITLE Pres. Collins O/G Corp. DATE 1/21/90
TYPE OR PRINT NAME Roy D. Collins TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR - 5 1990