

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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SANTA FE	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY
JAN 14 1987
O. C. D.

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-5246

SUNDRY NOTICES, REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR TO RE-LOCATE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Roy Collins Drilling Co.	8. Farm or Lease Name Frank "P" State
3. Address of Operator Rt. 4, Box 501-CC, Roswell, NM 88201	9. Well No. 3
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>21</u> TOWNSHIP <u>10S</u> RANGE <u>27E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Diablo-San-Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3854 GL	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Spudded hole at 1:00 p.m. on 1-1-87.

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

SIGNED Leslie A. Clements TITLE Owner DATE 1-10-87

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE JAN 22 1987

CONDITIONS OF APPROVAL, IF ANY: