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# NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

NOV 9 1977

G. C. C.  
ARTESIA, OFFICE

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR APPLICATION TO DRILL OR RE-OPEN OR RE-LEASE TO A DIFFERENT RESERVOIR. USE APPLICATION FOR RE-OPEN OR RE-LEASE FOR SUCH PURPOSES.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
**COLLIER & COLLIER**

Address of Operator  
**BOX 798 ARTESIA, NEW MEXICO 88210**

Location of Well  
UNIT LETTER **"E"** **1650** FEET FROM THE **North** LINE AND **990** FEET FROM  
THE **West** LINE, SECTION **13** TOWNSHIP **17** RANGE **28** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
**L-422**

7. Unit Agreement Name

8. Form of Lease Name  
**CROW STATE**

9. Well No.  
**#1**

10. Field and Pool, or Wildcat  
**WILDCAT 7-Rs**

12. County  
**EDDY**

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPERATIONS ☐ PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☒

OTHER ☐

SUBSEQUENT REPORT OF:

7. 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.

APRIL 9, 1977

RAN 299.55 feet, 8 5/8" 24# Casing in 301ft. of 10" hole  
Cemented casing with 75 sacks of Class "C" cement & circulated to surface  
Left shut in overnight 200 psi. on casing

April 12, 1977

Drilled out 5 ft. of cement in pipe with 8" bit. Drilled out of pipe-water shut off

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

PREPARED BY Chris Siquero MS TITLE agent DATE Nov. 9 1977

APPROVED BY W. A. Gessett TITLE SUPERVISOR, DISTRICT II DATE NOV 15 1977

CONDITIONS OF APPROVAL, IF ANY: