| NO. OF COPIES RECEIVED   |  | RECEIVED  | Form C-103                               |
|--|--|---|--|
| DISTRIBUTION   | ,  |   | Supersedes Old                           |
| NTAFE  | NEW MEXICO OIL CONSERV                   | TIONMARMOS SIGN 84                              | C-102 and C-103 Effective 1-1-65         |
| ILE  |  | 0.55  |  |
| .s.g.s.  |  | O. C. D.  | Sa. Indicate Type of Lease               |
| AND OFFICE   |  | ARTESIA, OFFICE                                 | State X Fee 5. State Oil & Gas Lease No. |
| PERATOR  |  |   |  |
| CUMPRYAN   | E-537                                    |   |  |
| SUNDRY NO  (DO NOT USE THIS FORM FOR PROPOSAL  USE "APPLICATION FO |  |   |  |
| dae Appeloación A  | N / L (MI)                               |   | 7. Unit Agreement Name                   |
| OIL X GAS WELL O   | THER-                                    |   |  |
| Name of Operator   | 8. Farm or Lease Name                    |   |  |
| Collier Energy, Inc. V   | State                                    |   |  |
| Address of Operator  |  | 0010  | 9. Well No.                              |
| P.O. Drawer R Artesia, New Mexico 88210                            |  |   | #3 10. Field and Pool, or Wildcat        |
| Location of Well   | Courth                                   |   |  |
| UNIT LETTER I 1980   | FEET FROM THE SOUTE                      | INE AND OOU FEET FROM                           | Grayburg Jackson                         |
| Fact   | 33 17e                                   | 290   |  |
| THEEast LINE, SECTION  | 33 TOWNSHIP 17s                          | RANGE NMPM                                      |  |
|  | 15. Elevation (Show whether DF,          | RT, GR, etc.)                                   | 12. County                               |
|  | 35                                       | 42  | Eddy                                     |
| · Check Appr   | opriate Box To Indicate Natur            | e of Notice Report of Ot                        | her Data                                 |
| NOTICE OF INTE   | <del>-</del>                             | <del>-</del>                                    | T REPORT OF:                             |
| 1101102 01 11112   |  |   |  |
| ERFORM REMEDIAL WORK   | PLUG AND ABANDON REA                     | AEDIAL WORK                                     | ALTERING CASING                          |
| EMPORARILY ABANDON   |  | AMENCE DRILLING OPNS.                           | PLUG AND ABANDONMENT                     |
| JLL OR ALTER CASING  | CHANGE PLANS CAS                         | ING TEST AND CEMENT JOB                         |  |
|  |  | OTHER   |  |
| OTHER  |  |   |  |
| Describe Proposed or Completed Operati                             | one (Clearly state all pertinent details | and give pertinent dates including              | estimated date of starting any proposed  |
| work) SEE RULE 1103.   | , , , , , , , , , , , , , , , , , , ,    |   |  |
|  |  |   |  |
|  |  |   |  |
| 2/29/84 Req  | uest permission to tempo:                | rary abandon pending                            | further .                                |
|  | Tur area                                 |   |  |
| CVU  | luation for sale or plug                 |   |  |
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| . I hereby certify that the information above                      | e is true and complete to the best of my | knowledge and belief.                           |  |
|  |  |   |  |
| et eyal one  | S TITLE Pro                              | oduction Clerk                                  | Feb. 29, 1984                            |
|  |  |   |  |
| m/11   | . Oil                                    | AND GAS INSPECTUS                               |  |
| PROVED BY // // WAS  | wan title                                | <b>ு∍ා මත මෙ</b> න්නේ පිරිසිවරස්වරිම <b>්</b> ර | - "ATE - MAR - 6 1984                    |
| ONDITIONS OF APPROVAL, IF ANY:                                     | . F:                                     | xpises 3-6-85                                   |  |
|  | <u> </u>                                 | , .   |  |