

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 59378
2. Name of Operator Collins & Ware, Inc. ✓	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 303 W. Wall, Suite 2200, Midland, Texas 79701 (915) 687-3435	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1780' FNL & 1830' FEL of Sec. 28, T-22-S, R-26-E	8. Well Name and No. Happy Valley Fed. Com #1
	9. API Well No. 3001525243
	10. Field and Pool, or Exploratory Area Happy Valley Strawn (Gas)
	11. County or Parish, State Eddy

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input checked="" type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<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

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.)

Pull out of hole with completion equipment.
Run packer and RBP; set and test to determine casing problem.
Repair casing.
Restore to production.

Work will begin 6/7/93.
No pit is anticipated. However, if the casing must be cut and pulled to repair,
a pit may be required; the BLM will be contacted for approval prior to excavation.

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

Signed <u>Sheryl D. Thomas</u>	Title <u>Agent for Collins & Ware, Inc.</u>	Date <u>6/9/93</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u></u>	Date <u></u>
Conditions of approval, if any:		