## Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

| C)                           | 51 |  |
|------------------------------|----|--|
| Form C-103<br>Revised 1-1-89 |    |  |

| District Office   |  | •                              | Revised X-2-07   |
|---|--|--------------------------------|--|
| DISTRICTI  DO Not 1000 Hobbs NW 88340                                 | IL CONSERVATIO   |                                | WELL API NO.   |
| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088                          |  | 30-015-26280                   |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210                      | Santa Fe, New Mexico   | 87504-2088                     | 5. Indicate Type of Lease  STATE  FEE XX   |
| DISTRICT III<br>1000 Rio Brazos Rd., Azzec, NM 87410                  |  | 1983                           | 6. State Oil & Gas Lease No.   |
| ( DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOR              | AND REPORTS ON WE<br>ALS TO DRILL OR TO DEEPEN<br>L. USE "APPLICATION FOR PE<br>FOR SUCH PROPOSALS.) | OFFELLIG BACK TO A             | 7. Lease Name or Unit Agreement Name   |
| 1. Type of Well: OIL GAS WELL XX                                      | OTHER  |                                | Lone Tree Federal Com.   |
| 2 Name of Operator Collins & Ware, Inc.                               |  |                                | 8. Well No.  |
| 3. Address of Operator 303 W. Wall, Suite 2200, M                     | idland, Texas 7970   | )1                             | 9. Pool name or Wildcat<br>East Carlsbad Morrow  |
| 4. Well Location  Unit Letter N : 660 F                               |  |                                | Feel From The West Lin   |
| Section 24  | ownship 21 South Ra 10. Elevation (Show whether  |                                | NMPM Eddy County   |
|   |  |                                |  |
|   | opriate Box to Indicate I  |                                | ' <del>-</del>   |
| NOTICE OF INTENT  | TION TO:   | SUBSEQUENT REPORT OF:          |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON   | REMEDIAL WORK                  | ALTERING CASING  |
| TEMPORARILY ABANDON   | CHANGE PLANS   | COMMENCE DRILLING              | OPNS. PLUG AND ABANDONMENT   |
| PULL OR ALTER CASING  |  | CASING TEST AND CEMENT JOB     |  |
| OTHER:  |  | OTHER: Temporar                | ily Abandon X  |
| 12. Describe Proposed or Completed Operations (Cowork) SEE RULE 1103. | Rearly state all pertinent details, an   | d give persinent dates, includ | ing estimated c'ate of starting any proposed   |
|   |  |                                | in the second se |
| January 5, 1993 a Sundry Notice was                                   | s sent in stating this well  | was shut in on Novem           | iber 24, 1992.   |
| ecompletion is being considered, no es                                | stimate on when the work   | will be done.                  |  |
| request a status of Temporary Abando                                  | nment for this well.   |                                |  |
|   |  |                                |  |
|   |  |                                |  |
| •   |  |                                | •  |
|   |  |                                |  |

I hereby certify that the information above is true and complete to the best of my knowledge and belief, Mare, Inc. 3/11/93 SIONATURE . TELEPHONE NO. (915) 683-551

Sheryl L. Jonas TYPE OR PRINT NAME

(This space for State Use)

ORIGINAL/SIGNED BY

DATE.

CONDITIONS OF APPROVAL, IP ANY: