

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-26280

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Lone Tree Fed. Com.

8. Well No.
1

9. Pool name or Wildcat
E. Carlsbad Bone Springs

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3126.4 GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Collins & Ware, Inc. ✓

3. Address of Operator
303 W. Wall, Ste. 2200, Midland, TX 79701

4. Well Location
Unit Letter N : 660 Feet From The South Line and 2120 Feet From The West Line
Section 24 Township 21S Range 27E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Perf. & Frac Bone Springs <input checked="" type="checkbox"/>	

12. 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.

- 6-15 1) Set Rtv. BP @ 6800'
2) Perforate as follows w/3spf (upper BS): F/6618',26',32',44',71',82' (18 Holes)
- 6-16 3) Spot 200 gal. 7½ % HCL NEFE Acid, Acdz. W/2500 gal. 7½ % HCL NEFE, flow back and swab.
- 6-17 4) Prep. to Frac.
- 6-18 5) Frac. perfs 6618'-6682' W/36500 gal. X-L 35# Gel. W/82000# 20/40 Jordan Sand. Prep to flow back.
- 6-19 6) Pro-testers on loc. to flow well overnight.
- 6-20 7) Open to test tank.
- 6-21 8) Pump load wtr. back and evaluate. Back on pump. Installed artificial lift system.

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

SIGNATURE Max Guerry TITLE Collins & Ware Inc. DATE 6-24-93
TYPE OR PRINT NAME Max Guerry TELEPHONE NO. (915)687-3435

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

JUL 5 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: