

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

SEP 10 1993

A.C.D.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 34247

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sheep Draw Fed. # 1

9. API Well No.

30-015-26847

10. Field and Pool, or Exploratory Area

Happy Valley Strawn

11. County or Parish, State

Eddy NM

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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Collins & Ware, Inc.

3. Address and Telephone No.

303 W.Wall, Ste. 2200, Midland, TX 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

B,660' FNL & 2310' FEL, Sec. 33, T22S, R26E

AUG 21 1993

DIST. 6 N.M.

Countdown New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other facility diagram
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Please note that the attached diagram is the site facility for the following wells:

Sheep Draw Fed. # 1, 2, 3, 4.

this diagram reflects the central production facility for these wells.

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

Signed Max Guerry Title Regulatory Mgr.

Date 8-30-93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____