

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

AUG 27 1992

O. C. D.  
OFFICE OF OIL CONSERVATION

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V 737

7. Lease Name or Unit Agreement Name

A. E. 36 State

8. Well No.

1

9. Pool name or Wildcat

Avalon, E.

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 ☐

OAS  
WELL ☒

OTHER ☐

2. Name of Operator

Collins & Ware, Inc. ✓

3. Address of Operator

303 W. Wall, Suite 2200, Midland, Texas 79701

4. Well Location

Unit Letter E : 2180 Feet From The North Line and 660 Feet From The West Line

Section 36

Township 205

Range 28 E

NMPM

Eddy

County

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

3207.6 G.L.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☒

PULL OR ALTER CASING ☐

OTHER: Add to Existing Perfs. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Add perforations 11,294' to 11,410' KB to existing perforations 11,483' to  
11,490' KB (all Morrow) - start 8/25/92

Perforate, through tubing, as follows:

11,294' to 11,304' KB

11,337' to 11,343' KB

11,361' to 11,372' KB

11,408' to 11,410' KB

Treat and test as required; run potential test.

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

SIGNATURE James F. Obenau TITLE Consulting Engr. DATE 8/25/92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE SEP 9 1992

CONDITIONS OF APPROVAL, IF ANY: