Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, N		P.O. Box 2088 Santa Fe, New Mexico 87504-2088			30-015-23514		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate	5. Indicate Type of Lease STATE X FEE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				1 '	6. State Oil & Gas Lease No. V 2459		
APPLICA	TION FOR PERMIT	TO DRILL, DEEPEN, O	OR PLUG BACK	11111111			
12. Type of Work:					7. Lease Name or Unit Agreement Name		
DRILL RE-ENTER X DEEPEN PLUG BACK b. Type of Well:					Amoco State JB		
OIL GAS WELL	OTHER	SINGLE ZONE	X ZONE				
2. Name of Operator Collins & Ware, Inc					8. Well No.		
3. Address of Operator					9. Pool name or Wildcat		
P.O. Box 11227 Midland, Texas 79702					Wildcat		
4. Well Location Unit Letter E	: <u>1980</u> Feet F	From The North	Line and 660		From The [West Line	
Section 3	2	ship 23 – S Ra	nge 28 - E		-		
7//////////////////////////////////////	7/////////////////////////////////////		nge 28 – E	NMPM	Eddy	County	
		10. Proposed Depth	11.	Formation		12. Rotary or C.T.	
		6125'		Delaware		Rotary/Reve	
		14. Kind & Status Plug. Bond 15. Drilling Contracto		or	16. Approx. I	Date Work will start	
3113.2 GL		Blanket NA			10-	-29-92	
		ROPOSED CASING AN	ND CEMENT PROC	RAM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF	CEMENT	EST. TOP	
20"			426'	420		circ.	
14-3/4"	10-3/4"		51# 2444'		2850 circ		
9-1/2" * 7-5/8"		33.7 & 39#	9654	2150		3250' Temp	
Amoco cut and across cut.	d pulled 7-5/ Tagged top of	8" casing @ 2 plug @ 2212'	395'. Spotte	ed 70 Sac	cks of	cement Profile 11-13-23 Re-ent	
Note: CIBP set @ 6173' with 25 sacks cement on top. (Will not drill out on reentry)							
See attached	Amoco Drilli	ng Report and	Intent to P	lug.	UD FOR	<i>180</i> _DAYS	
Former: As	naco Porad. Ed	State JB	Com PE	PROVAL VAL RMIT EXPIR ILESS DRILL	ES 2/	5/93	
IN ABOVE SPACE DESC ZONE. GIVE BLOWOUT PREVE	CRIBE PROPOSED PROGR INTER PROGRAM, IF ANY.	RAM: IF PROPOSAL IS TO DEEPEN					
I hereby certify that the inform	lation above is true and complete	to the best of my knowledge and I	belief.				
SIGNATURE	Eye / ///	m m	E Agent		DATI	E 10-27-92	
TYPE OR PRINT NAME	George M. Ho	ver	915-683	-1633	TELE	EPHONE NO.	
(This space for State Use)	ORIGINAL SIGNE MIKE WILLIAMS					NOV 4 0 4000	
APPROVED BY	SUPERVISOR, DIS	TRICT II m.	E		DATE	NOV 1 3 1992	