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

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hobbs, NM 88240	Santa Fe, New Mexico 87504-2088		30-015-26531  5. Indicate Type of Lease  STATE X  FEE		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas K-3077		100
THE PROPERTY OF THE PROPERTY O					
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"			7. Lease Name or Unit Agreement Name		
	1) FOR SUCH PROPOSALS.)		PEOC "1	l5" State	
1. Type of Well:  OIL GAS WELL X WELL	OTHER *	्र ४ <u>१ के कि</u>			
2. Name of Operator			8. Well No.		
Collins & Ware, Inc.			9. Pool name or Wildcat		
3. Address of Operator			į.		
508 W. Wall, Suite 1200, Midland, Texas 79701			Carlsbad, So. (Morrow)		
4. Well Location  Unit Letter L : 1980	Feet From The South	Line and _660	Feet From	The West	Line
1.5	Tanaskia 3S Ra	nge 6E		ldy	County
Section 1.5	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		<i>\\\\\\\</i>	
		KB 3344'		<i>XIIIIIIIII</i>	
11. Check Ap	opropriate Box to Indicate I	Nature of Notice, F	Report, or Other	Data	
NOTICE OF INTE		SU	BSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASIN	G [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			DONMENT [
CASING TEST AND (					
FULL ON ALTER OADING					
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	nos (Clearly state all pertinent details, a	nd give pertinent dates, inc	luding estimated date o	f starting any proposi	ea
1. RU pulling unit and	install 7 1/16", 3000	# Dual Ram Pre	venter		
2. Set CIBP at 11,410'	with 35' cement on to	p			
3. Set CIBP at 8,620' w	ith 35' cement on top	S± ,		00 or oloce	ווכוו
4. Perforate 4 squeeze	holes at 6300'. Circ	ulate/squeeze,	cement W/ 1	UU SX CIASS	C
5. Drill out squeeze an	d test casing to 500	ps1	5 82 06 6	607 17 37	. 44. 54
6. Perforate Bone Sprin	gs as follows: 6531,	45, 52, 60, 0	J, 62, <del>9</del> 0, 0	007, 17, 57	, .,,
60, 70, 75 (15 holes	)				
7. Acidize with 1500 ga	Ilons 15% HCL				
8. Fracture stimulate i	i necessary				
9. Place well on produc	tion as necessary				
		a hading			
I hereby certify that the information above is true	and complete to the best of my knowledge an	od belief. Operations	Engineer	DATE 11/1	6/94
SIGNATURE SIGNATURE	June	TILE			
TYPE OR PRINT NAME Craig E.	Young	(915)	687-3435	TELEPHONE NO.	
The same for State Use)				NOV	9 3 1004

TTILE

SUPERVISOR, DISTRICT IL

MUV Z 3 1994