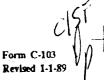
Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I

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

District Office OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 30-015-2653 Santa Fe, New Mexico 87503 5. Indicate Type of Lease STATE P.O. Drawer DD, Artesia, NM 88210 FEE ! 6. State Oil & Gas Lease No. K-3077 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: PEOC "15" State GAS WELL WELL WELL X 8. Well No. 2. Name of Operator Collins & Ware, Inc. 9. Pool name or Wildcat Address of Operator Und (Bone Springs 508 W. Wall, Suite 1200, Midland, Texas 79701 Well Location West 660 Line Feet From The South 1980 Feet From The Unit Letter _ County **NMPM** 26E 23S Range 15 Township Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3344! GL 3328' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** l Xl REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER:. 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 PLUG AND ABANDON WELL AS FOLLOWS: Set CIBP @ 6475' and dump 35' cement on top. 1. Pull 5 1/2" casing, anticipate recovering 5000'. 2. Set 100' cement plug in stub of 5 1/2" casing. —T A G 3. Set 100' cement plug across intermediate casing shoe at 2827'. - \top \vdash \vdash \vdash \vdash Set 100' cement plug across surface casing she at 616'. 5. Set 10 sx cement plug at surface. 6. Cut off wellhead and install dry hole marker. Clean location as per NMOCD rules and regulations. I hereby certify that the information above is true and complete to the best of my incorded ge middle it _ DATE ___01/24/95_ Production Clerk SIONATURE TELEPHONE NO. (915) 687-3435Dianne Sumrall TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY

SUPERVISOR, DISTRICT II

(This space for State Use)

APPROVED BY

FEB 6 1995