

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

**RECEIVED**  
**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

AUG 23 '94

O. C. D.  
ARTESIA OFFICE

|   |
|---|
| WELL API NO.<br>30-015- <del>26813</del> 26813  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><br>Ray "25"  |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat<br>S. Culebra Bluff Atoka   |

**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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |
| 2. Name of Operator<br>Collins & Ware, Inc.  |
| 3. Address of Operator<br>508 W. Wall, Suite 1200, Midland, Texas 79701  |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>897</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line<br>Section <u>25</u> Township <u>23S</u> Range <u>28E</u> NMPM <u>Eddy</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>2990.9' GL   |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input checked="" type="checkbox"/>   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|   | OTHER: <input type="checkbox"/>                     |

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.

7/24/94 Acidize perfs 11,596-11,832' w/ 2500 gallons 7 1/2% HCL w/ 250 SCF/bbl Nitrogen @ 3/4 BPM. Put well back on production.

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

SIGNATURE Dianne Sumrall TITLE Production Clerk DATE 8/22/94  
TYPE OR PRINT NAME Dianne Sumrall (915) 687-3435 TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY: