Submit 3 Copies
to Appropriate
District Office

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Form C-103 Revised 1-1-89	10
Keriscu 1-1-07	V

Submit 3 Copies to Appropriate District Office	State of New M Energy, Minerals and Natural R		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 20	)88	WELL API NO. 30-015-27451
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088 RECEIVED	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	SE	EP 2 9 1993	6. State Oil & Gas Lease No. V 492
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C	ICES AND REPORTS ON WEDPOSALS TO DRILL OR TO DEEPER PROJECTION FOR PER-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X	OTHER		Malaga Com.
2. Name of Operator			8. Well No.
Collins & Ware, Inc. U			I
3. Address of Operator 303 W.Wall, Ste. 2200,	Midland, TX 79701		9. Pool name or Wildcat Malaga Atoka Salf Pr. Ato
4. Well Location  Unit Letter K 1980	Feet From The South	Line and	Feet From The West Line
Section 27	Township 24S R		NMPM Eddy County
	10. Elevation (Show whether 2994.1 GR	r DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data
NOTICE OF INT			SEQUENT REPORT OF
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER: correct 1	lease name K

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.

Purpose of notice: To correct lease name per instructions of Mike Williams. The acreage is communitized, so the lease name should be Malaga Com. #1.

P. FID-3

		18-12-93 ckg bee nam
I hereby certify that the inform	ation above is true and complete to the best of my knowledge and belief.	
SIGNATURE W	Max Guerry muz Regulatory Mgr.	DATE 9-28-93
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)	ORIGINALISIGNED BY MIKE WILLIAMS	OCT 1 5 1993
APPROVED BY	SUPERVISOR, DISTRICT IF TILE	DATE
CONDITIONS OF APPROVAL, II	ANY:	