

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO

30-015-27557

5. Indicate Type of Lease

STATE ☒ FEE

6. State Oil & Gas Lease No

**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.)

**RECEIVED**

7. Lease Name or Unit Agreement Name

Big Horn State

8. Well No.

1

9. Pool name or Wildcat

Happy Valley (Delaware)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Collins & Ware, Inc.

3. Address of Operator

508 W. Wall, Suite 1200, Midland, Texas 79701

4. Well Location

Unit Letter 0 : 700 Feet From The South Line and 1980 Feet From The East Line

Section 28 Township 22S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3272 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Drilling permit extension

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Collins & Ware, Inc. respectfully requests an extension of the permit to drill the above well. The original permit expires on 7/25/94.

We would appreciate your granting us this request.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 1-25-95  
UNLESS DRILLING UNDERWAY

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

SIGNATURE

TITLE

Production Clerk

DATE

7/21/94

TYPE OR PRINT NAME

Dianne Sumrall

TELEPHONE NO. 915 687-343

(This space for State Use)

**SUPERVISOR, DISTRICT II**

APPROVED BY

TITLE

DATE

**JUL 27 1994**

CONDITIONS OF APPROVAL, IF ANY