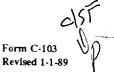
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II Santa Fe New Mexico 87		7504_2088	30-015-	30-015-27557		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type o	f Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	STATE X	FEE	
STINDDA NOTICES AND DEDOG	TC ON WELL					
SUNDRY NOTICES AND REPOR (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O DIFFERENT RESERVOIR. USE "APPLICA (FORM C-101) FOR SUCH PRO	R TO DEEPEN OF TION FOR PERM	OR PLUG BACK TO A 7 Tana Name		Unit Agreement Name		
1. Type of Well:			-			
	HER		Big Horn	State		
2. Name of Operator			8. Well No.			
Collins & Ware, Inc. (4874) 3. Address of Operator			9 Pool name or W	/ildcat (29665)		
508 W. Wall, Suite 1200, Midland, T	exas 79701		1	lley Delaware	2	
Unit Letter 0 : 700 Feet From The	South	Line and 198	O Feet From	The <u>East</u>	Line	
Section 28 Township 2	2S Range	26E	NMPM Edd	ly	County	
///////////////////////////////////////	(Show whether DF, 72 GR	, RKB, RT, GR, etc.)				
11. Check Appropriate Box t	o Indicate Na	ture of Notice, Re	eport, or Other	Data		
NOTICE OF INTENTION TO:		SUB	SEQUENT R	EPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABAN	1DON P	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS	· C	OMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT	
PULL OR ALTER CASING	c	ASING TEST AND CE	MENT JOB			
OTHER: Drilling permit extension	X c	OTHER:				
12. Describe Proposed or Completed Operations (Clearly state all perwork) SEE RULE 1103.	tinent details, and g	ive pertinent dates, includ	ling estimated date of	starting any proposed		
Colling & Ways Tag						
Collins & Ware, Inc. respectfully rewell. The current permit expires or	equests an 1-25-95.	extension of (the permit t	o drill the	above	
			1 +			
			p_way i	,	per general services	
	\supset		UNTES	3 DALLING ON	ned at 100	
I hereby certify that the information above is true and complete to the best of n	1y knowledge and belia					
SIGNATURE (James)	me me	Production	Clerk	DATE12/8/9	4	
TYPEOR PRINT NAME Dianne Sumrall		(915) 687	7-3435	TELEPHONE NO.		
(This space for State Use) \$UPERVISOR DISTRICT IT				DFC 1	Q. 1000	
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___ TITLE _

APPROVED BY --CONDITIONS OF APPROVAL, IF ANY: