

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

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

RECEIVED  
FEB 26 '90

WELL API NO.  
30-005-62476

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
IG-5246

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 PERMITS, OFFICE  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Frank "P" State

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
4

2. Name of Operator  
Collins Oil & Gas Corporation ✓

9. Pool name or Wildcat  
Diablo-San-Andres

3. Address of Operator  
P.O. box 2443, Roswell, NM 88202-2443

4. Well Location  
Unit Letter T : 1980 Feet From The South Line and 330 Feet From The East Line  
Section 21 Township 10S Range 27E. NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3849 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

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.

1/22/90 Pumped 4000 gallons of 20% HCL Acid down the back side of casing. Shut in casing for 24 hrs.  
1/23/90 Turned pump-jack on production to recover load.  
1/27/90 Test on well was 27 BOPD, no water, and 22 MCF of gas. Increased production from 8 BOPD to 27 BOPD.

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

SIGNATURE Roy D. Collins TITLE Pres. Collins O/G Corp. DATE 1/21/90

TYPE OR PRINT NAME Roy D. Collins TELEPHONE NO. \_\_\_\_\_

(This space for State Use)  
ORIGINAL SIGNED BY  
MIKE WILLIAMS

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE MAR - 5 1990

CONDITIONS OF APPROVAL, IF ANY: