

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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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

MAR 15 '90

WELL API NO.

30-005-62687

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-5246

7. Lease Name or Unit Agreement Name

Stone Brothers State

8. Well No.

3

9. Pool name or Wildcat

Diablo-San-Andres

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:

OIL

WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

Collins Oil & Gas Corporation

3. Address of Operator

P.O. Box 2443, Roswell, NM 88202-2443

4. Well Location

Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line

Section 21

Township 10S

Range 27E

NMPM

Chaves

County

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

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 ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

2/27/90 Pumped 2500 gallons of 28% HCL Acid down the back side of casing.
Shut in well for 24 hrs.

2/28/90 Turned pump-jack on production to recover load.

3/2/90 Test on well was 20 BOPD, no water, and 18 MCF of gas. Increased
production from 16 BOPD to 20 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

DATE 623-2040

TYPE OR PRINT NAME

ROY D. COLLINS

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

MAR 16 1990

CONDITIONS OF APPROVAL, IF ANY: