

Submit 3 Copies
to Appropriate
District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.

30-005-62764

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

LG-5246

7. Lease Name or Unit Agreement Name

Frank "P" State

8. Well No.

7

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

AUG 31 '90

2. Name of Operator

Collins Oil & Gas Corporation

3. Address of Operator

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

ARTESIA, OFFICE

4. Well Location

Unit Letter P : 990 Feet From The South 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.)

3850 GL

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: ☐

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.

8/07/90 Pumped 5000 gallons of 28% HCL Acid down the back side of casing.
Shut in casing for 6 hrs. and turned pump-jack on to recover load.

8/15/90 Test on well was 40 BOPD, no water and 50 MCF of gas.

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 8/28/90

TYPE OR PRINT NAME

ROY D. COLLINS

TELEPHONE NO. 623-2040

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

SEP 11 1990

CONDITIONS OF APPROVAL, IF ANY: