Submit 3 Copies to Appropriate District Office			of New I Natural	Mexico Resources Department	Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, N DISTRICT II P.O. Drawer DD, Artesia,		OIL CONSERVATION DIVISION P.O. Box 2088 <b>RECEIVED</b> Santa Fe, New Mexico 87504-2088		088 <b>RECEIVED</b> 0 87504-2088	WELL API NO. <u>30-005-62861</u> 5. Indicate Type of Lease	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Azi	ec, NM 87410			AUG () 1 1991 O. C. D. ARTESIA, OFFICE	6. State Oil & Gas Lease No.	
DIFF	NDRY NOTIO ORM FOR PRO ERENT RESERV (FORM C-1	7. Lease Name or Unit Agreement Name				
1. Type of Well: OIL WELL X 2. Name of Operator	GAS WELL	OTHER			Elizabeth "C"	
•	lins Oil 8	& Gas Corporation			8. Well No. 5	
	. Box 2443	3, Roswell, NM 8	<u>8202–2</u>	2443	9. Pool name or Wildcat Bullseye San-Andres	
Unit Letter	<u>D</u> : 990	Feet From The Nor	th	Line and330	Feet From The West	
Section 7		4070	w whether GL	DF, RKB, RT, GR, etc.)	NMPM Chaves County	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL W	ОЯК	PLUG AND ABANDON		REMEDIAL WORK		
TEMPORARILY ABANDO		CHANGE PLANS		COMMENCE DRILLING	OPNS.	
PULL OR ALTER CASING OTHER:			[]	CASING TEST AND CEN	MENT JOB	
12. Describe Proposed or Co work) SEE RULE 1103	mpleted Operation	DS (Clearly state all pertinent	details, ar		ng estimated date of starting any proposed	
worky SEE ROLE 1105						
7–17–91	Perforate casing with 19 holes 4/10", at 2632, 2633,2634,2635,2648,2649 2650,2651,2656,2657,2658,2662,2665,2666,2667,2674,2675,2676,2677.					
7–18–91	Ran 2700' of 2-3/8" tubing with packer. Spotted 2 bbls. of 28% HCL across bottom perforations. Acidized with 5000 gal. of 28% HCL. Flowed back to pits approx. 2 hrs. then swabbed tubing.					
7-19-91	Tripped tubing from hole and broke packer. RIH with tubing, rods, and pump.					
7–22–91	Put on pump-jack to test well.					

I hereby certify that the ini	formation above is true and complete to the best of my	knowledge and belief.
SIGNATURE	L. Colling	mre Pres. Collins OII & Gas Corpore 7-26-91
TYPE OR PRINT NAME	ROY D. COLLINS	TELEPHONE NO.
	ORIGINAL SIGNED BY MIKE WILLIAMS	
	SUPERVISOR, DISTRICT IT	AU <u>G</u> 1 6 <b>1991</b>

– TITLE —

\_\_\_ DATE -----

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY \_\_\_\_

-

. ....