

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

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

SEP - 2 1993

WELL API NO.

30-005-62975

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2925

7. Lease Name or Unit Agreement Name

Bill Thorp State

8. Well No.

4

9. Pool name or Wildcat

SE Acme-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 I : 1650 Feet From The South Line and 330 Feet From The East Line

Section 11 Township 8-S Range 27E NMPM Chaves County

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

3939 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.

8-23-93 Ran 446' of 8-5/8", J-55, 24 lb. casing with Texas Pattern Shoe.
Pumped 245 sxs. of Class "C" cement with 2% CaCl. Circulated approx.
40 sxs. of cement to pits.

8-25-93 Drying time on cement approx. 48 hours. Drilled out plug and shoe.
1 hr. test, no water resumed drilling operations.

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 8-28-93

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 7 1993

CONDITIONS OF APPROVAL, IF ANY: