

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

WELL API NO. 30-005-63017
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-2925
7. Lease Name or Unit Agreement Name Bill Thorp State
8. Well No. 6
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.)

RECEIVED

AUG 01 '94

O. C. D.
ARTESIA OFFICE

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

4. Well Location
Unit Letter I : 2310 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.)
3956 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.

7-20-94 Spudded hole at 7:00 a.m. Drilled to 461' and ran 458' of 8-5/8" 24 lb. J-55 casing with insert float and Texas Pattern Guide Shoe. Pumped 260 sxs. of Class "C" cement with 2% CaCl. Approx. 100 sxs. to pits.

7-21-94 Drying time on cement was approx. 18 hrs. Pressure tested casing to 650 lbs., no droppage of pressure in 30 minutes. Resumed drilling operations. No water below shoe joint.

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 7-28-94
TYPE OR PRINT NAME ROY D. COLLINS TELEPHONE NO. 623-2040

This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE AUG 12 1994

CONDITIONS OF APPROVAL, IF ANY: