

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

RECEIVED
SEP 23 1992

O. C. D.

WELL API NO.

30-015-27045

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Little Pecos Valley

8. Well No.

1

9. Pool name or Wildcat

Undesignated Delaware

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 & Ware, Inc. ✓

3. Address of Operator

303 W. Wall, Suite 2200, Midland, Texas 79701

4. Well Location

Unit Letter D : 550 Feet From The North Line and 990 Feet From The West Line

Section 7

Township 24-S

Range 29-E

NMPM

Eddy

County

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

2970' GR

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: COMPLETION (1st STAGE) ☒

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.

Perforated 6,365', 6,356', 6,366' (one shot per point), 6,389' to 6,419' KB (one/ft.)

Acidized w/ 1500 gal. 7.5% NeFe; swabbed dry; final swab runs recovered 1 bbl. per hr., 5% oil.

Fracture treated perforations with 10,000 gallons fluid, 25,000# 16/30 sand.

Swabbed and flowed back load.

Final test 9/17/92: swabbing 10 bbls. per hour, 10% oil, fluid level 5200' FS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Sheryl L. Jonas TITLE Agent for Collins & Ware, Inc. DATE 9/17/92

TYPE OR PRINT NAME Sheryl L. Jonas

TELEPHONE NO. (915) 683-5511

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY SUPERVISOR, DISTRICT I

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 28 1992