

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-01020
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E 1811
7. Lease Name or Unit Agreement Name STATE BT D
8. Well No. 2
9. Pool name or Wildcat BAGLEY PENN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4237' GR

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 508 W. WALL, STE. 1200 MIDLAND, TX 79701
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 35 Township 11N Range 33E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: KNOCK OUT CIBP ☒

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.

10-27-98 MIRU PU. POH W/RODS & TBG.
10-28-98 DRILL ON CIBP @9285' W/SAND LINE DRILL.
10-29-98 DRILL ON CIBP W/SAND LINE DRILL.
10-30-98 RUN 4 3/4" BIT ON 2 7/8" TBG. DRILL & PUSH CIBP TO 9624'. POH W/BIT.
RUN SAND LINE DRILL & PUSH CIBP TO 10,515'. RUN PRODUCTION TBG.
10-31-98 RUN RODS & PUMP. RESUME PUMPING WELL. WELL PRODUCING FROM BAGLEY PENN
PERFS 9029-67' & 9298-9405'.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Chiles TITLE ENGR. TECH DATE 01-11-99

TYPE OR PRINT NAME DAVID CHILES TELEPHONE NO. (915) 687-3435

(This space for State Use)

ORIGINAL SIGNED BY CHILES WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: