

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

WELL API NO. 30-025-05190
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name  T. D. Pope
8. Well No. 5
9. Pool name or Wildcat Denton Devonian

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Collins & Ware, Inc.
3. Address of Operator 508 W. Wall, Suite 1200, Midland, Texas 79701
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>14 South</u> Range <u>37 East</u> NMPM <u>Lea</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3,803 GR</u>

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.

9/15/94 Set CIBP @ 11,980 w/ 35' cement on top  
Spot 100 sx plug @ 8400'

9/16/94 Set CIBP @ 4790' w/ 35' cement on top

9/21/94 Pull 4584' 5 1/2" casing - casing stub @ 4640'  
Spot 200' plug from 4740 to 4540'

9/22/94 Tag cement plug @ 4270'  
Spot 60 sx plug from 530' to 330'  
Spot 10 sx plug at surface

Weld on dry hole marker, clean location and fill pits per NMOCDC regulations

WELL P & A

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

SIGNATURE

TITLE

Production Clerk

DATE

10/03/94

TYPE OR PRINT NAME

Dianne Sumrall

(915) 687-3435

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

SAD