

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 ☐ FEE ☒

6. State Oil & Gas Lease No.
NM 623-3

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.)

7. Lease Name or Unit Agreement Name

T.D. Pope

8. Well No.

5

9. Pool name or Wildcat

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Collins & Ware, Inc.

3. Address of Operator

303 W.Wall, Ste. 2200, Midland, TX 79701

4. Well Location

Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line

Section 35

Township 14S

Range 37E

NMPM

Lea

County

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

3804 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 ☐

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.

PU downhole motor & SRAH assembly; check and test MWD & Probe. Drilled to TD @ 12500'.

Ran 2 7/8" tbg. and BP; set BP @ 5744'.

Ran rods and pump and set pumping unit. Hung well on production.

Recovering load water.

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

SIGNATURE Max Guerrey TITLE Regulatory Mgr. DATE 2-2-94

TYPE OR PRINT NAME TELEPHONE NO

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY