Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-29016

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
NM 2818

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
STATE "9"

1. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator
COLLINS & WARE, INC.

8. Well No.
1

3. Address of Operator
508 W. WALL, SUITE 1200 MIDLAND, TEXAS 79701

9. Pool name or Wildcat
LOVINGTON, PENN NE

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 9 Township 16S Range 37E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3824' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

9-8-99 THRU 9-13-99

PULL RODS & TBG, ACIDIZE W/5000 GAL 15% CCA W/ADDITIVES.
RIH W/TBG TO 11,704.16'; RIH W/RODS & PUMP.
PUT WELL BACK TO PRODUCING.

10-1-99

TEST 31 BO, 58 MCF, 10 BW IN 24 HRS.

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

SIGNATURE [signature] TITLE PRODUCTION ADMINISTRATOR DATE 10-5-99

TYPE OR PRINT NAME DIANNE SUMRALL TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK FIELD REP. TITLE DATE OCT 14 1999

CONDITIONS OF APPROVAL, IF ANY:

JC