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.
30-025-23116

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

6. State Oil & Gas Lease No.
A 1469

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 "A"

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

2. Name of Operator
COLLINS & WARE, INC.

8. Well No.
5

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

9. Pool name or Wildcat DRINKARD AND HOBBS LOWER BLINEBRY

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

Section 32 Township 18S Range 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3649' 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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: PACKER LEAKAGE TEST EXEMPTION [X]	

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.

COLLINS & WARE, INC. REQUESTS AN EXEMPTION FROM A PACKER LEAKAGE TEST ON THIS WELL. AS THE ATTACHED SCHEMATIC INDICATES, PERFORATED NIPPLES IN THE SHORT STRING (BLINDBRY) ABOVE THE PACKER AT 5968' GIVES ERRONEOUS DATA DUE TO COMMUNICATION WITH THE PERFORATED INTERVAL, CAUSING THE PUMPING SIDE TO LOG OFF WITH FLUID. I HAVE ATTACHED A SCHEMATIC FOR YOUR REVIEW, ALONG WITH THE LAST TEST SHOWING BAD DATA.

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

SIGNATURE [signature] TITLE PRODUCTION ENGINEER DATE 10-20-99

TYPE OR PRINT NAME ERICK W. NELSON TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY Chris Williams TITLE DISTRICT I SUPERVISOR DATE OCT 26 1999

CONDITIONS OF APPROVAL, IF ANY: