Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, [illegible]rals 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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-23116

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

6. State Oil & Gas Lease No. A1469

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 [X] GAS WELL [ ] OTHER

2. Name of Operator: Collins & Ware, Inc.

8. Well No. 5

3. Address of Operator: 508 West Wall, Suite 1200, Midland, Texas 79701

9. Pool name or Wildcat: Hobbs Lower Blinebry (31650)

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.) 3660 DF

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: Put well on pump [XX]	

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.

5/29/98 Run in hole with 2 3/8" tubing, SN set at 5878, top of packer at 5957, bottom of dip tub is at 6209. Pick up and run 2" x 1.25" x 16' RHBC pump.

5/30/98 Set pumping unit at 8 SPM.

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

SIGNATURE Michelle Chappell TITLE Production Clerk DATE 6/17/98

TYPE OR PRINT NAME Midhelle Chappell TELEPHONE NO. (915)687-3435

(This space for State Use)

APPROVED BY [illegible] TITLE [illegible] DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY: