

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.	30-025-03816
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-2359
7. Lease Name or Unit Agreement Name	
State LA	
8. Well No.	8
9. Pool name or Wildcat	Lovington ABO

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ 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 A : 560 Feet From The North Line and 660 Feet From The East Line Section 01 Township 17S Range 36E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3832' 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 ☒	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.

9/26/96 RU Computalog and run 4.625 GR and JB to 8320'. Set 10K Alpha CIBP at 8211'.

9/27/96 Landed tubing with 58,000#. BHPG and bottom of motors at 7521.31'. ESP pump intake at 7479'.

9/28/96 BHP at 2575. Start sub pump and run at 55 Hz.

9/30/96 Change well to producing status. Made 291 B0 and 3141 BW in 24 hours. BHP 1949.

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

SIGNATURE Dianne Sumrall TITLE Production Supervisor DATE 10/02/96

TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 12 1996

CONDITIONS OF APPROVAL, IF ANY: