

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

AUG 23 '94

WELL API NO. 30-025-32471
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SCARBOROUGH
8. Well No. 1
9. Pool name or Wildcat HUMBLE CITY (33490)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3660.2 GR

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER DRY
2. Name of Operator COLLINS & WARE, INC.
3. Address of Operator 508 W. WALL, SUITE 1200, MIDLAND, TEXAS 79701
4. Well Location Unit Letter <u>K</u> : <u>2100</u> Feet From The <u>SOUTH</u> Line and <u>1500</u> Feet From The <u>WEST</u> Line Section <u>10</u> Township <u>17 SOUTH</u> Range <u>37 EAST</u> NMPM LEAS County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3660.2 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.

08/08/94 CUT & PULL 8-5/8" CASING @475' TIH WITH TBG TO 520' PUMP
120 SXS CEMENT PLUG TAG TOC @345'

08/08/94 POOH TO SURFACE SPOT 10 SXS TOP HOLE PLUG

08/08/94 INSTALL DRY HOLE MARKER

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

SIGNATURE Dianne Sumrall TITLE Production Clerk DATE 8/12/94
TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY Johnny Polunin TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 12 2000