

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-32471

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
Colins & Ware, Inc.

3. Address of Operator
303 W. Wall, Suite 2200, Midland, Texas 79701

4. Well Location
Unit Letter K : 2100' Feet From The South Line and 1500' Feet From The West Line

Section 10 Township 17 South Range 37 East NMPM Lea 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: Intent to Spud and set surface csg ☒

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.

MIRU Nabors Drilling Rig #356. Expect to spud 17 1/2" hole Sunday 4-10-94 and set & cement surface casing.

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

SIGNATURE Dianne Sumrall TITLE Production Analyst DATE 4/7/94

TYPE OR PRINT NAME Dianne Sumrall

TELEPHONE NO 915 687-3435

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY JERRY SEXTON DATE _____

DISTRICT I SUPERVISOR

APR 11 1994

CONDITIONS OF APPROVAL, IF ANY: