

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34708
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MOBIL STATE "2"
8. Well No. 1
9. Pool name or Wildcat WILDCAT DRINKARD

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 <u>P</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>17S</u> Range <u>36E</u> NMPM LEA	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3828 GL</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

11-5-99 TD 7 7/8" HOLE @8227'@2:00 AM CST 11-5-99.

11-6-99 LOG WELL.

11-7-99 RUN 179 JTS 5 1/2" K-55 17# LT&C CSG. SET CSG @8227'. CMT W/900 SX PREMIUM PLUS LIGHT PLUS ADDITIVES. MIX @12.4 PPG W/2.09 FT3/SX YIELD TAIL IN WITH 550 SX SUPER "H" PLUS ADDITIVES. MIX @13.2 PPG W/1.61 FT3/SX YIELD. BUMP PLUG. HELD OK. ND BOP & SET SLIPS. RELEASE RIG @8:30 PM.

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

SIGNATURE ERICK W. NELSON TITLE PRODUCTION ENGINEER DATE 11-22-99
TYPE OR PRINT NAME ERICK W. NELSON TELEPHONE NO. (915)687-3435

(This space for State Use)

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