

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other Instructions
verse side)

Budget Bureau No. 1004...
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC-065447

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Six-Shooter "13" Federal

WELL NO.

1

FIELD AND POOL, OR WILDCAT

Undes. Quail Ridge Morrow

SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 13, T-20-S, R-33-E

COUNTY OR PARISH

STATE

Lea

N.M.

OIL WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

Collins & Ware, Inc.

ADDRESS OF OPERATOR

600 W. Illinois, Suite 701, Midland, Texas 79701

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

990' FNL & 1750' FEL of Section 13

Unit B

PERMIT NO.

ELEVATIONS (Show whether DF, RT, GR, etc.)

3604.6' GR

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Verbal approval DST No. 3

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This is to confirm that we requested and received verbal approval to open the test tools after dark on August 4, 1991; test interval 13,010' - 13,099' (Upper Morrow).

The Stack Pack ignitor and other safety equipment have been installed as per the Bureau of Land Management requirements.

Verbal permission was received from Mr. Adam Salamah.

RECEIVED
AUG 7 11 06 AM '91
CARTER
AREA

I hereby certify that the foregoing is true and correct

SIGNED

Agent

DATE 8/5/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side