

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Collins & Ware, Inc.	8. FARM OR LEASE NAME Sharp Nose Federal
3. ADDRESS OF OPERATOR 303 W. Wall, Suite 2200, Midland, TX 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2395' FSL and 2065' FEL of Sec 13	10. FIELD AND POOL, OR WILDCAT Undes. Quail Ridge Morrow
14. PERMIT NO.	15. ELEVATIONS (Show whether of, RT, CR, etc.) 3610 G.L.
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec 33, T-20-S, R-33-E	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	(Other) ☐

(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.) *

8.625" CASING TO BE SET AT APPX. 5,200' KB

Change from single stage cement job to two stage with external casing packer and DV tool(s) set between 3,500 and 3,800' KB depending upon caliper readings.

1st stage cement: Halliburton light containing 6% gel, 6# gilsonite & 1/4# Flocele per sack followed by Premium Plus containing 2% CaCl₂; volume sufficient to fill annular space back to DV tool.

2nd stage cement: Halliburton light containing 1/4# Flocele per sack followed by Premium Plus containing 2% CaCl₂; volume sufficient to fill annular space back to surface.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Agent

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: