

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
reverse side)

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Form approved. 30 025-31397
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-Q65447
2. NAME OF OPERATOR Collins & Ware, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 303 W. Wall, Suite 2200, Midland, Texas 79701	7. UNIT AGREEMENT NAME
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 Section 13	8. FARM OR LEASE NAME Sharp Nose Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3610' GL	10. FIELD AND POOL, OR WILDCAT Undes. Quail Ridge Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 13, T-20-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

Notice is filed to alter casing program from 3200' of 13 3/8" 68#/ft., casing

TO

3200' of 13 5/8" 88#/ft., casing

AND

5250' of 9 5/8" 43.5# & 47# casing

TO

5250' of 8 5/8" 24# and 32# casing.

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

SIGNED [Signature] TITLE Agent for Collins & Ware, Inc. DATE 11/25/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-6-91
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side