APTROVED BY ....

CONDITIONS OF APPROVAL, IF ANY:

Form C-103 Revised 1-1-89

Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-33706 DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE FEE XX 1000 Rio Brazos Rd., Azzec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL | WELL X OTHER Payday 2. Name of Operator 8. Well No. Collins & Ware, Inc. 3. Address of Operator 9. Pool name or Wildcat 508 W. Wall, Suite 1200, Midland, Tx 79701 Warren; Tubb, East (6as) 4. Well Location Unit Letter L : 1980 Feet From The South 660 West Line and Feet From The 24 Section ship 20S Range 38E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township 20S **NMPM** Lea County 3570' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: OTHER:\_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 1/19/97 Spud 12 1/4" hole at 3:30 PM. Run 8 5/8" 32# casing to 1622 and cement with 920 sx cement. Circulate 200 sx to pit. 1/21/97 WOC 18 hours. Nipple up 8 5/8" ODSO x 11" 3M wellhead and BOP. Test BOP to 1000#. Held okay. Start 1/22/97 drilling 7 7/8" hole. TD at 10:30 AM at 7000'. Run Platform Express across TD-2000', run Hi-Res from 2/02/97 TD-5000', run CNL/GR to surface. Run 5 1/2" 17# and 15.5# casing to 7000'. Cement with 1435 sx cement. Set DV tool at 2/04/97 4722'. Cement to surface. Release rig at 12:00 PM. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE . mue Production Supervisor 2/07/97 TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435 (Thus space for State Use) 

— ПП.E.-

- DATE -