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. 30-025-34060

5. Indicate Type of Lease STATE [ ] FEE [X]

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Sharps

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: Collins & Ware, Inc.

8. Well No. 1

3. Address of Operator: 508 West Wall, Suite 1200, Midland, Texas 79701

9. Pool name or Wildcat: Warren; Tubb, East (87085)

4. Well Location
Unit Letter M : 787 Feet From The South Line and 660 Feet From The West Line
Section 13 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3575 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[XX]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

8/28/97 Spud 12 1/4" hole.

8/29/97 Ran 8 5/8" 24# casing to 1633'. Cement with 550 sx Premium Plus followed by 200 sx CaCl2. Circulate 129 sx cement to pit.

8/30/97 Test blind and pipe rams. Start drilling 7 7/8" hole.

9/02/97 Currently drilling Dolomite at 4860'

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

SIGNATURE [signature] TITLE Production Supervisor DATE 9/03/97

TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915)687-3435

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 11 1997

CONDITIONS OF APPROVAL, IF ANY: