Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34244

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: Hare, J. G.

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

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

8. Well No. 9

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

9. Pool name or Wildcat: Penrose Skelly Grayburg

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1841 Feet From The West Line
Section 33 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3445 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. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Put well on production [X]	

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.

2/17/98 Tag sand fill at 3703'. Clean sand out of casing down to top of RBP at 3744'.

2/18/98 Run 2 3/8" tubing to 3723' with 9' KB, SN at 3716'. Run 2 1/2" x 2" x 12' RHBC pump. Space well out and hang of bottom 6".

2/19/98 Set pumping unit and wait on electricity.

2/23/98 Turn well over to production.

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

SIGNATURE Michelle Chappell TITLE Production Clerk DATE 3/6/98

TYPE OR PRINT NAME Michelle Chappell TELEPHONE NO. (915)687-3435

(This space for State Use)

APPROVED BY [illegible] TITLE [illegible] DATE MAR 20 1998

CONDITIONS OF APPROVAL, IF ANY: