

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. 30-025-34334
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hare, JG
8. Well No. 11
9. Pool name or Wildcat Penrose Skelly Penrose

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Collins & Ware, Inc.
3. Address of Operator 508 West Wall, Suite 1200, Midland, Texas 79701
4. Well Location Unit Letter M : 830 Feet From The South Line and 673 Feet From The West Line Section 33 Township 21S Range 37E NMMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3452 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
	OTHER: Put on pump <input checked="" type="checkbox"/>

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.

5/11/98 Release packer and pull out of hole.

5/12/98 Run 2 3/8" tubing to 3644, SN at 3610' and TAC at 3614 with 10 points tension. Run 2" x 1 1/2" RWBC pump.

5/13/98 Set American 160 unit, 64" 8 SPM. Put on production.

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

SIGNATURE Dianne Sumrall TITLE Production Administrator DATE 5/14/98

TYPE OR PRINT NAME Dianne Sumrall

TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY SWILLIAMS TITLE MANAGER DATE 5/14/98

CONDITIONS OF APPROVAL, IF ANY: