## State of New Mexico Energy inerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	<b></b>	•	Keythed 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.
2040 Pacheco St.		30-025-06615	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N	M 8/3U3	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			STATE FEE
			B-85
SUNDRY NOTI	CES AND REPORTS ON WEL	LLS	
	RVOIR. USE "APPLICATION FOR PE	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)		State DA
OL X WELL WELL	OTHER		
2. Name of Operator			8. Well No.
Collins & Ware, Inc.			1
. Address of Operator 508 W. Wall, Suite 1200, Midland, Texas 79701			9. Pool name or Wildcat
4. Well Location	1200, Midtand, Texas	79701	Blinebry Oil & Gas
	80 Feet From The South	Line and660	Feet From The West Line
	· · · · · · · · · · · · · · · · · · ·		
Section 16	Township 21S Ra	age 37E	NMPM Lea County
	10. Elevation (Show whether a	<i>DF, RKB, RT, GR, etc.)</i> )* GR	
1. Check A	Appropriate Box to Indicate N	<del></del>	nort or Other Date
NOTICE OF INT		_	SEQUENT REPORT OF:
	Entrol to.	305.	SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING CASING TEST AND CE			
THER:		OTHER: Plugback	to the Blinebry X
Describe Proposed or Completed Operation work) SEE RULE 1103.	00s (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed
10/18/96 Set CIBP at 6	5400° with 5 sacks of c	ement on top.	
10/21/96 Perforate Bl	inebry from 5623' - 602	9' with 90 shots	·
10/22/96 Acidize perfs	s (5623'-6029') with 40	00 gals 15% HCL	acid.
10/27/96 Frac well wit	th 99,780 gals of Delta	-Frac 25 carryin	g 275.000# sand.
			5,
10/29/96 - 11/06/96 SV	labbing and production	testing.	
I hereby certify that the information above is true:	and complete to the best of my knowledge, and 1	belief	
SIGNATURE Michelle	Evere m	Production Cl	
TYPEORPRINTNAME Michelle E		4,	DATE
(This space for State Use)	WELV TRUE SEXTON		
			NOV 14 1996

TC

CONDITIONS OF APPROVAL, IF ANY:

ZA Drinkard

– DATE ---

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