Submit 3 Copies	State of New N			Form C-103	$\neg$
to Appropriate District Office	Energy, Minerals and Natural 1	Resources Department		Revised 1-1-4	19
DISTRICT I P.O. Box 1980, Hobbs, NM. 88240 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room-206			WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210  Santa Fe, New Mexico 87503			<del></del>	0-025-06618	
DISTRICT III			5. Indicate Typ	N/ 1	PEE 🔲
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-85		
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 State DA		
1. Type of Well: Oil GAS WELL XX WELL	OTHER				
2. Name of Operator Collins	& Ware, Inc.	8. Well No.			
3. Address of Operator 508 W. Wall, Suite 1200, Midland, Texas 79701			9. Pool stime or Wildox		
4. Well Location			1ubb		
Unit Letter J : 198	South South	Line and	Foot Fr	con The	_ Line
Section 16	Township 21S R	ange 37E 1	MPM	Lea c	County
	10. Elevation (Show whether	r <i>DF, RKB, RT, GR, &amp;cc.</i> ) 459' GR			
11. Check A	Appropriate Box to Indicate		eport or Othe		
NOTICE OF INT	ENTION TO:	SUB			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON L CHANGE PLANS COMMENCE DRILLING			OPNS.	PLUG AND ABANDONM	ENT 🗌
PULL OR ALTER CASING		MENT JOB			
OTHER:		padonement (XX			
12. Describe Proposed or Completed Operat	ions (Clearly state all pertinent details	and eine pertinent dates inclu	ding agimated do	to of starting any annual	
work) SEE RULE 1103.	to the second of	wa fire permen baies, maa	curig estimatea aa	ie of starting any proposed	
On 8/2/96, we set a	CIBP at 6160' with 35'	of cement on to	op and the	n completed this	well
in the Blinebry Oil on the C-115 report.	& Gas. The Tubb is no	w zone abandoned	d and will	no longer be ca	rried
on the c fro report.	•				
			•		
				<b>₹</b>	
I hereby certify that the information above is true a	nd complete to the best of my knowledge and be	licf.			
SKONATURE 7/1/1/101	h foora	ne Production	Clerk	DATE10/18/9	6
TYPEOR PRINT NAME Michell	e Boone		TELEPHONE NO.	(915) 687-3435	
(Thus space for State Use)					
APPROVED BY		nė			
,		·		DAIL	

CONDITIONS OF APPROVAL, IF ANY: