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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-06618

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

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 WELL [XX] GAS WELL [ ] OTHER

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

8. Well No. 3

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

9. Pool name or Wildcat: Drinkard

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line
Section 16 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3459' 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: Zone Abadonement [XX]	

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.

On 8/2/96, we set a CIBP at 6366' and dumped 35' of cement on top and then completed this well in the Blinebry Oil & Gas. The Drinkard is now zone abandoned and will no longer be carried on the C-115 report.

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

SIGNATURE Michelle Boone TITLE Production Clerk DATE 10/18/96

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: