

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved. 30-025-31193  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-64602
2. NAME OF OPERATOR COLLINS & WARE, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 600 W. ILLINOIS, SUITE 701, MIDLAND, TEXAS 79701	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL AND 660' FWL OF SECTION 26	8. FARM OR LEASE NAME LINCOLN FEDERAL UNIT
11. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3709.8' GL	10. FIELD AND POOL, OR WILDCAT UNDES. BILBREY MORROW GAS
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T. 21 S., R. 32 E.
	12. COUNTY OR PARISH LEA
	13. STATE NEW MEXICO

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	CHANGE CASING PROGRAM <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

IT IS PROPOSED TO CHANGE THE CASING AND CEMENTING PROGRAM PROPOSED IN THE APPLICATION FOR PERMIT TO DRILL DATED 2-22-91 TO THE FOLLOWING:

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	800'	SUFFICIENT TO CIRCULATE
12-1/4"	9-5/8"	36#	4700'	SUFFICIENT TO CIRCULATE
8-3/4"	7"	29# & 32#	12,500'	TO TIE BACK
6"	4-1/2" Liner	13.5#	12,300 to TD	350 SACKS

13-3/8" 48# H-40 ST&C CASING TO BE SET AT APPROXIMATELY 800' IN 17-1/2" HOLE. CASING TO BE CEMENTED WITH 400 SACKS OF CLASS "C" FOLLOWED BY 250 SACKS OF CLASS "C" WITH 2% CACL. CEMENT TO CIRCULATE.

9-5/8" 36# J-55 AND S-80 ST&C CASING TO BE SET AT 4700' IN 12-1/4" HOLE. CASING TO BE CEMENTED WITH 1500 SACKS OF LIGHT CEMENT WITH 6# SALT PER SACK FOLLOWED BY 200 SACKS OF CLASS "C". CEMENT TO CIRCULATE.

'CONTINUED'

18. I hereby certify that the foregoing is true and correct

SIGNED Arthur R. Brown TITLE Agent DATE March 8, 1991

(This space for Federal or State office use)

APPROVED BY Original Signed by Agent TITLE Agent DATE 3-15-91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side