Form 31605 (November 1983) (Formerly 9-331)	lovember 1983) UNITED STATES (Other Instructions on		5. LEASE DESIGNATION AND BERIAL NO NM - 85932	
(Do not use the	C. IF INDIAN, ALLOTTER OR TRIBE NAME 7. UNIT AGREEMENT NAME			
OIL GAS WELL	OTHER			
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Collins & Ware, Inc.			BW 31 Federal	
3. ADURESS OF OFERATOR			9. WHLL NO.	
303 W. Wall, Suite 2200, Midland, TX 79701			1	
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND FOOL, OR WILDCAT	
			Livingston Ridge Delaware	
330			11. SEC., T., R., M., OR BLE. AND UNCES. BURVEY OR ARMA	
330' FSL and 110' FWL of Section 31			Sec.31,T-21-S,R-32-E	
14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, CR, etc.)			12. COUNTY OR FARIBU	13. STATE
	3601.6 GR		Lea	NM
16.	Check Appropriate Box To Indicate N	Nature of Notice, Report, or O	ther Data	
NOTICE OF INTENTION TO : RUBBEQU			ENT REPORT OF :	
TEST WATER SHUT-0		WATER SHUT-OFF	BEFAIRING W	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON	SHOUTING OR ACIDIZING	ABANDONMEN	т•
REPAIR WELL	CHANGE PLANE	(Other) completion report x		
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
17. DESCRIDE PROPOSED OF proposed work. If nent to this work.)	COMPLETED OPERATIONS (Clearly state all pertloca well is directionally drilled, give subsurface local	t details, and give pertinent dates, I tions and measured and true vertical	Including estimated date depths for all markers	of starting any and zones perti-

Completion operations began October 31, 1991. Drilled out D.V. tool at 7604' and tested casing to 1500 psig, held O.K. Plug back depth 8513' K.B. Spotted 250 gallons 10% Acetic acid. Perforated from 7165' - 7222' (114 holes). Acidized with 5700 gallons MOD 101. Fraced with 14,500 gallons cross-link gel and 35,000# sand. Swab tested well. Placed a pumping unit on well on November 26, 1991. Will test well on pump to determine commerciability.

DEC 13 105.1

THE STATE 18. I hereby certify that the foregoing is true and correct DATE 12/9/91 Agent TITLE SIGNED 6 (This spage for Federal or State office use) DATE ___ TITLE . APPROVED BY _ CUNDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side