to Appropriate

State of New Mexico

Form C-103

Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-32048 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B 6807 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL WELL Kaiser State 2. Name of Operator 8. Well No. Collins & Ware, Inc. 3. Address of Operator 9. Pool name or Wildcat 303 W.Wall, Ste. 2200, Midland, TX 79701 Wilson Yates 7R Assoc. Well Location Line and 1000 Feet From The South Unit Letter _M 400 Feet From The West 13 21S 34E NMPM Lea Section Township County Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3752.7 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: testing and completion X OTHER: 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. 8-28-93: Acidized w/ 2000 gals./ 7 1/2% HCL w/ 60-7/8" ball sealers. Pumped 3BPM @ 1100 PSIG. ISIP @ 620 PSIG, 10 min. SI @ 400 PSIG. 8-31-93: set CIBP @ 3650'. GIH w/ 2 3/8" tbg. to 3603'. Tested plug to 1800 PSIG; held. Spotted 250 gal. / 7 1/2% HCL and POOH. Perforated 5 1/2" csg. @ 3511' 3516', 3522', 3526', 3530', 3534', 3538', 3572', 3578', 3589', 3592', & 3600'. 13 intervals w/2JSPF- 26 holes. 9-1-93: SICP @ 200 PSIG. Bled off and GIH w/ 2 3/8" tbg. to 3368'. Acidized w/1700 gal. of 7 1/2% HCL. Formation broke @ 1290 PSIG to 950. Treated @ 3 BPM w/1103 PSIG. Had complete ball out. Surged balls off perfs. Frac'd w/30,400 gals. of YF 130 containing 84,000#/ 12/20 sand and 20,000#/ resin coated sand. Treated @ 25 BPM w/ 1650 to 1850 PSIG. ISIP @ 1100 PSIG. NOTE: CONTINUED ON NEXT PAGE. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Regulatory Mgr. Max Guerry SIGNATURE 3

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

DATE SEP 09 1993

TELEPHONE NO.

TYPE OR PRINT NAME

APPROVED BY-

RECEIVED

SEP 0 8 1993

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	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
DISTRICT II			30-025-32048	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B 6807	
	CES AND REPORTS ON WEL			
(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	
1. Type of Well: OIL GAS WELL WELL X			Kaiser State	
2. Name of Operator	OTHER		8. Well No.	
Collins & Ware, Inc.		43		
3. Address of Operator			9. Pool name or Wildcat	
303 W.Wall, Ste. 2200, Midland, TX 79701			Wilson Yates 7R Assoc.	
Unit Letter M 400	Feet From The West	Line and	Feet From The South Line	
Section 13	Township 21S Ra	inge 34E	NMPM Lea County	
	10. Elevation (Show whether 3752.7 GR			
11. Check A	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data	
			SEQUENT 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 CO		MENT JOB		
OTHER: OTHER:_testing			S completion continued.	
12. Describe Proposed or Completed Operations of SEE RULE 1103.	ions (Clearly state all pertinent details, ar	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
	ff and flowed 4 hrs. or SI well. 4 hour SITP=		w/FTP @ 200 PSIG.	
9-3-93: 6 hour SITP = well stabilized @ 190	850#. RU test unit and MCFPD; no liquids. SI	d flowed; test ; , waiting on ga	14/64" cke.; @ 140 PSIG; s connection.	

I hereby certify that the information above	is true and complete to the best of my know Max Guerry	Regulatory Mgr.	9-7-93
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)			
APPROVED BY		тп.е	DATE

RECEIVED

SEC 0 8 1993

OFFICE