

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-32048

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B 6807

7. Lease Name or Unit Agreement Name

Kaiser State ~~43~~

8. Well No.

~~B~~ 43

9. Pool name or Wildcat

Wilson Yates 7R Assoc.

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.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Collins & Ware, Inc.

3. Address of Operator

303 W. Wall, Ste. 2200, Midland, TX 79701

4. Well Location

Unit Letter M : 400 Feet From The West Line and 1000 Feet From The South Line

Section

13

Township

21S

Range

34E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3652.7 GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Spud and set surf. csg. ☒

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.

8-13-93: well spudded.

Set surface casing.

12 1/4" hole, ran 10 jts. 8 5/8" 24#, J-55, 8rd and set surface casing at 384.00'.

Cemented w/ 300 sks. "C" to surf.

WOC

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

SIGNATURE

Max Guerry

TITLE

Regulatory Mgr.

DATE

8-13-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY

TITLE

DATE

AUG 17 1993

CONDITIONS OF APPROVAL, IF ANY: