to Appropriate District Office

State of New Mexico

Submit 3 Copies Form C-103 Energy inerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICTI WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 30-025-10270 Santa Fe. DISTRICT II NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 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.) Walden, EW 1. Type of Well: GAS WELL OEL X OTHER 2. Name of Operator & Well No Collins & Ware, Inc. 3. Address of Operator 9. Pool name or Wildcat 508 West Wall, Suite 1200, Midland, Texas 79701 Blinebry Oil & Gas (Pro Gas) 4. Well Location Unit Letter K : 2009 Feet From The South 1911 West Line and ___ Feet From The Line 15 **22**S Range 37E Section Township Lea **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3395' DF 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:_ 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 January 8, 1997, we added perfs 5677-5877 (50 shots) to the Blinebry zone. We then acidized and fracture treated. The gas - oil ratio test shows that the Walden #2 should now be reported in the Blinebry Oil & Gas (06660) rather than the Blinebry Oil & Gas (Pro Gas) (72480). Effective January, we will no longer report production in the Blinebry Oil & Gas (Pro Gas) (72480).

APPROVED BY -

CHECKELL AS PULL IN THE SEX SEXTON WE STREET I CLERKY EOR

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

Dianne Sumrall

DATE 02/05/97

TELEPHONE NO. (915) 687-3435

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Production Supervisor

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME

(This space for State Use)