

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-10272

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Walden, EW

8. Well No.

4

9. Pool name or Wildcat

Blinebry Oil & Gas

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
508 W. Wall, Suite 1200, Midland, Texas 79701

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 15 Township 22S Range 37E NMMPM Lea County

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

3400' 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: Plug back to Blinebry ☒

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.

8/30/96 Fracture treat well with 107,100 gals x-linked gel with 250,000# 16/30 sand.

8/31/96 Set Model "R" packer at 5361' with 13,000# compression.

9/4/96 Testing well on various choke sizes. Made 56 BO, 240 mcf, and 0 BW in 24 hours flowing on 16/64" choke.

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

SIGNATURE Dianne Sumrall TITLE Production Supervisor DATE 9/5/96

TYPE OR PRINT NAME Dianne Sumrall TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY.

SEP 17 1996