## State of New Mexico

to Appropriate Energy, Minerals and Natural Resources Department District Office	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM. 88240 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206	WELL API NO. 30-025-33528
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210  Santa Fe, New Mexico 87503	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 27410	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  Baker, AB
1. Type of Well: OIL GAS WELL OTHER	Daker, Ab
2. Name of Operator Collins & Ware, Inc.	8. Well No.
3. Address of Operator 508 W. Wall, Suite 1200, Midland, Texas 79701	9. Pool same or Wildox
4. Well Location	· l
Unit Letter P: 830 Feet From The South Line and 40	O Feet From The East Line
Section 10 Township 22S Range 37E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3370 GR	
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASING CASING TEST AND CE	
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incowork) SEE RULE 1103.	luding estimated date of starting any proposed
8/28/96 TD at 7400' 8/30/96 Made 3 log runs: Digital Array Sonic, Platform Ex	press, and FMI (did not work).
8/31/96 Ran 5_1/2" 17#, and 15.5# casing to 7400". DV too at 7356'. Cement casing as follows: 1st stage - 2nd stage - pumped 1000 gals Howco mud flush follows.	l at 4244" and float collar cement with 685 sx Class "C"
additives. Tailed in with 350 sx Premium "C" + add 9/01/96 Rig down.	ditives.
9/05/96 Waiting on completion.	
I bereby certify that the information above is true and complete to the best of my knowledge and belief.	, .
SKONATURE / // / / / / Imm Production	Supervisor DATE 9/5/92
TYPEOR PRINT NAME Dianne Sumrall	TELEPHONE NO. (915) 687-3435
(This space for State Use)	SEP 11 1996
APPROVED BY	01E - 1000