

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.	30-025-33528
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Baker, AB
8. Well No.	5
9. Pool name or Wildcat	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Collins & Ware, Inc.	
3. Address of Operator 508 W. Wall, Suite 1200, Midland, Tx 79701	
4. Well Location Unit Letter <u>P</u> : <u>830</u> Feet From The <u>South</u> Line and <u>400</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3370' 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: ☐

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.

8/11/96 BRW Drilling Rig No.2 spud 11" hole at 2:30 AM.

8/12/96 Set 8 5/8" 32# J-55 ST&C csg at 1265'. Cement with 400sx Premium+ additives. Cement did not circulate. Notified Jerry Sexton with NMOCD.

8/13/96 Found TOC at 75'. Cement with 60sx Premium + additives and circulated 4 sx.

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

SIGNATURE [Signature] TITLE Production Supervisor DATE

TYPE OR PRINT NAME Dianne Sumrall

TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY TITLE DATE AUG 16 1996

CONDITIONS OF APPROVAL, IF ANY.