

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  
2040 Pacheco St.  
Santa Fe, NM 87505

AMENDED

WELL API NO.	30-025-33794
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	A. B. Baker
8. Well No.	6
9. Pool name or Wildcat	Wantz ABO

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 West Wall, Suite 1200, Midland, Texas 79701

4. Well Location  
Unit Letter I : 2135 Feet From The South Line and 829 Feet From The East Line

Section 10 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3385' 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.

3/26/97 Pumped 20,000 gals Mini-frac. Treated perms with 4000 gals 28% NEFE acid.  
Pumped 5000 frac pad. Started 1/2 # per gal sand, pressure increased to 7000#.  
Flush to top perf. FLOW well back. SI and SDFN.

We plan to flow test well and then possibly add some perforations and treat.

This is an amended report. We originally filed this report in the Wantz Granite Wash, but this treatment was done in the Wantz ABO 6900' - 6920'.

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 4/8/97

TYPE OR PRINT NAME Dianne Sumrall

TELEPHONE NO. (915) 687-3435

(This space for State Use)

APPROVED BY Chris Williams TITLE District Supervisor DATE 6/2/97

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY.