

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  
2040 Pacheco St.  
Santa Fe, NM 87505

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 Granite Wash

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 West Wall, Suite 1200, Midland, Texas 79701
4. Well Location Unit Letter <u>I</u> : <u>2135</u> Feet From The <u>South</u> Line and <u>829</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>22S</u> Range <u>37E</u> NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3385' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
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NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 perfs with 4000 gals 28% NEFE acid.  
Pumped 5000 frac pad. Started 1/2 # per gals 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.

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 4/4/97

TYPE OR PRINT NAME Dianne Sumrall

TELEPHONE NO. (915) 687-3435

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 4/4/97

CONDITIONS OF APPROVAL, IF ANY:

