

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instruction  
verse side)

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Form approved  
Budget Bureau No. 1004-013  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Collier Petroleum Corp. ✓

3. ADDRESS OF OPERATOR

P. O. Box 3531, Midland,

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit M, 996 FSL 330 FWL, Sec. 13, T20S, R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3241' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Russell-SR

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA

Sec. 13, T20S, R28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Cement production casing

XX

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

12-7-87 to

12-22-87

Deepened well from 812' to TD of 1242' with 6-1/8" bit.

12-23-87

Ran 44 joints 4-1/2" 10.5# casing to 1242'. Cemented with 300 sx Halliburton Lite with 1/2# Flocele, 10# Gilsonite, 2% CaCl2 + 300 sx Class "C" with 1/4# Flocele and 5# Gilsonite. Circulated 100 sx to pit.

18. I hereby certify that the foregoing is true and correct

SIGNED Amy L. Whitley TITLE Agent

DATE January 8, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side