

(November 1984)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL CONS. COMMISSION

SUBMIT IN THE
(Other Instruct.
verse side)

LEASE DESIGNATION AND SERIAL NO.
NM-54401
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR David C. Collier	3. ADDRESS OF OPERATOR Post Office Box 481 Artesia, New Mexico 88210	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL and 1650' FEL	5. PERMIT NO.	6. ELEVATIONS (Show whether DF, RT, GK, etc.) 3677' Grd.	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Rosewood Federal	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT High Lonesome-Queen	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 15-T16S-R29E	12. COUNTY OR PARISH Fddy	13. STATE NM
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other) Cancel Application to Drill	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.) *

Cancel Application To Drill effective immediately.

ACCEPTED FOR RECORD

Guo
JUL 16 1986

CANCELLED

Post ID-2
8-1-86
Exp. Int.

18. I hereby certify that the foregoing is true and correct
SIGNED *D. C. Collier* TITLE Agent DATE July 14, 1986
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side