Form 9-331 UNIT STAT	ES SUBMIT IN TRIPLIC	Jilev Form approved. Budget Bureau No. 42–R1424.
(May 1963) DEPARTMENT OF THE INTERIOR (Other instruction GEOLOGICAL SURVEY		5. LEASE DESIGNATION AND SERIAL NO. NM-4026 4028
SUNDRY NOTICES AND RE (Do not use this form for proposals to drill or to dee) Use "APPLICATION FOR PERMIT-	pen or plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TEIBE NAME
1. OIL GAS WELL OTHER		7. UNIT AGREEMENT NAME
<ol> <li>NAME OF OPERATOR</li> <li>Collier Energy, Inc.</li> <li>ADDRESS OF OPERATOR</li> <li>P. O. Box 798, Artesia, New Mexico 88210</li> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*</li> </ol>		8. FARM OR LEASE NAME Lark Federal
		9. WELL NO. #1 10. FIELD AND FOOL, OR WILDCAT
4. Location of Well (Report location clearly and in accordan See also space 17 below.) At surface 1650' FNL and 1650' FWL Approximately 6 miles no	2014 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	Diamond Mound - Grayburg 11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA Sec. 9, T-16-S, R-27-E
14. PERMIT NO. 15. ELEVATIONS (Sh	ow whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Eddy New Mexico
16. Check Appropriate Box To	Indicate Nature of Notice, Report, or C	Other Data TENT REPORT OF:
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Deepen Well 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta proposed work. If well is directionally drilled, give su nent to this work.)*	FRACTURE TREATMENT SHOOTING OR ACIDIZING (') Ther) (Note: Report results Completion or Recompl	REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well letion Report and Log form.) including estimated date of starting any il depths for all markers and zones perti-
Company's Sink Federal #1	ayburg completion of the Mesa , within the next sixty (60) l sufficiently to test the Gr oval of same.	days we plan to
Grayburg + 930'	an a	
	6071101	
	ARTESIA, NEM	
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Administrative Assistar	<u>nt DATE October 16, 1980</u>
(This space for Federal or State office use) (UES: 36G.) ULLAGE II. STETER. APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	007 28 200 DATE