

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-78

APR 22 1980

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1969

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.)

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Collier Energy, Inc.

3. Address of Operator
P. O. Box 798, Artesia, NM 88210

4. Location of Well
UNIT LETTER K, 2310 FEET FROM THE South LINE AND 1650 FEET FROM
THE West LINE, SECTION 22 TOWNSHIP 17S RANGE 28E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
St. B-1969, Tr. 3

9. Well No.
#18

10. Field and Pool, or Wildcat
East Empire Yates 7-R

15. Elevation (Show whether DF, RT, GR, etc.)
3593 G1

12. County
Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

17. 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.

April 9, 1980: Commenced drilling operations.

April 11, 1980: Ran 800' of 4 1/2" 9 1/2# casing. Cemented with 100 sacks of Haliburton Light, 6# gilsonite, 6# salt, 1/4# flocele. Follow with 150 sacks 50/50 pos 2% gel, 6# salt, 3/10% CFR-2. Cement circulated to surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Rhonda Parrish

TITLE Secretary

DATE April 21, 1980

APPROVED BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

DATE APR 23 1980

CONDITIONS OF APPROVAL, IF ANY: