SANTA FE /		EW NEYICO	א מוו רמאגב	RVATION COMMI	5515 1	C-102 and C	-103		
FILE		en mexico	7 012 001132	RE	ČÍ D	Lifective 1-1	-63		
U.S.G.S.	7					5a. Indicate Typ	e of Lease		
LAND OFFICE	FEB 02 1991				o o 1991	State X Fee			
OPERATOR /				100	មូ ជ ខេម	5. State Oil & G	as Lease No.		
				F*1	r n	State B-19	69, Tr.4		
S	UNDRY	NOTICES AND REF	PORTS ON Y	WELLS	A CONTRACTOR	MIIIII	THITTIN.		
(DO NOT USE THIS FORM USE "A	FOR PROPOS	SALS TO DRILL OR TO DEEP FOR PERMIT -" (FORM C-	PEN OF PLUG BA	CK TO A DIFFERENT HE	BERVOIR.				
1.						7. Unit Agreeme	nt Name		
OIL X GAS WELL		OTHER-							
2. Name of Operator							8. Form or Lease Name		
Collier Energy, Inc.√							State B-1969, Tr. 4		
3. Address of Operator						9. Well No.			
P.O. Box 798, Artesia, New Mexico 88210							#20		
4. Location of Well				· · · · · · · · · · · · · · · · · · ·		10. Field and Pa	ool, or Wildcat		
UNIT LETTERE	23	10	N	33	O FEET FROM	Und. E. En	npire Yates 7		
UNIT LETTER	- · <del></del>	FEET FROM THE _		LINE AND	FEET FROM	milling	mmini.		
THE W LINE		22	17S	28	BE				
THE LINE	. SECTION _	TOWNSH	IP	RANGE	NMPM.				
	777777	15. Elevation (S.	how whether D	F, RT, GR, etc.)		12. County	744444		
	//////	. ( ( ) )	3575 GL			Eddy			
16.	777777	<del></del>			D O-1	<del></del>			
		propriate Box To I	naicate Na	ture of Notice,	=				
NOTICE	OF INTE	ENTION TO:			SUBSEQUENT	REPORT OF:			
					<u></u>	• .	_		
PERFORM REMEDIAL WORK		PLUG AND A		REMEDIAL WORK		ALTER	TING CASING		
TEMPORARILY ABANDON		ı	<u>1</u>	COMMENCE DRILLING	<u> </u>	PLUG	AND ABANDONMENT		
PULL OR ALTER CASING		CHANGE PLA	N5 .	CASING TEST AND CEN	ENT JOB				
	•			OTHER			L		
OTHER									
17. Describe Proposed or Compl	eted Orierat	Hons (Clearly state all )	vertinent detail	s, and give pertinen	dates, including	estimated date of	starting any propose		
work) SEE RULE 1103.						·	, , , ,		
•									
December. 15, 19									
	1	00 SXS 4% CaC1.	WOC 24	hrs. Circu	lated cemen	t to surface	≥•		
December 17, 19					ated 15 SXS	S to Pit.			
	C.	emented with 25	O SXS Cla	ass C.					
	•								
18. I hereby certify that the infor	mation abo	ve is true and complete	to the best of	my knowledge and be	lief.				
	_	•							
1)man (1)	1/2	1 A=	* - ;						
SIGNED AUT CLA	_ ~~	<u></u>	TITLE Pro	esident		DATE <u>01-12</u>	<u>-81</u>		
	^	-7							
m.l.		<b>'</b>	tes.	il and ene mer	:BFOR	FEE	1- <b>n</b> 2 5004		
APPROVED BY MARY	Unll	ama	TITLE	16 and end indi		DATE TEL	3 0 6 5351		