

Form approved.  
 Budget Bureau No. 42-R1424.

NM OFFICE  
 RECEIVED BY  
 Artesia, NM 88210  
 MAR 25 1985  
 O.G.D.

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
 (Other instructions on reverse side)

### 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.)

- ARTESIA, OFFICE
- OIL WELL ☒ GAS WELL ☐ OTHER ☐  
 NAME OF OPERATOR  
 Collier Energy, Inc.
- ADDRESS OF OPERATOR  
 P.O. Drawer R, Artesia, New Mexico 88210
- LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
 At surface  
 1809' FNL & 990' FEL of Section  
 (Unit H)  
 (SE 1/4 NE 1/4)
- PERMIT NO.
- ELEVATIONS (Show whether DF, RT, GR, etc.)  
 3604 GR
- LEASE DESIGNATION AND SERIAL NO.  
 NM-42410
- IF INDIAN, ALLOTTEE OR TRIBE NAME
- UNIT AGREEMENT NAME
- FARM OR LEASE NAME  
 Crossfire Federal
- WELL NO.  
 #1
- FIELD AND POOL, OR WILDCAT  
 Artesia - 2 - G - SA
- SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Sec. 12-18S-27E
- COUNTY OR PARISH
- STATE  
 NM

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

| NOTICE OF INTENTION TO:                      |  | SUBSEQUENT REPORT OF:                          |  |
|--|--|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/>    | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>       | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>                | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input checked="" type="checkbox"/> | (Other) <input type="checkbox"/>               |  |

(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.)\*

Initial plans were to begin operations on the Crossfire Federal #1 before October 24, 1984. It was decided to drill & complete the Comstock Federal #2 before beginning operations on the Crossfire Federal #1.

The Permit to Drill for the Crossfire was approved November 15, 1984 and is now over 90 days old.

An extension on the Permit to Drill is requested.

Operations should begin before June 1985.

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

SIGNED Chuck Morgan TITLE Consultant DATE 3/11/85

(This space for Federal or State office use)

APPROVED BY Area Manager TITLE CARLSBAD RESOURCE AREA DATE 3-22-85

CONDITIONS OF APPROVAL, IF ANY: