

UNITED STATES

RECEIVED BY DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*

(Other instructions on reverse side)

Form approved.

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-42410

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. AGREEMENT NAME

8. FARM OR LEASE NAME

White Oaks Federal

9. WELL NO.

#1

10. FIELD AND POOL OR WILDCAT

Artesia Oil Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12: T-18-S, R-27-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. ARTESIA OFFICE

WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Collier Energy, Inc. ✓

3. ADDRESS OF OPERATOR

P.O. Drawer R, 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

330' FSL & 2310' FEL of Section

(Unit O)

(SW $\frac{1}{4}$ SE $\frac{1}{4}$)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3589-GR

16.

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)

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.)*

4/25/85 Perforated 1 shot per foot at 1522,23,24,25,26,27,28,29,
30,31,32,33,34,35,36,37,38,39,40,41,42,43,44
Total of 23 holes

Acid with 20,000 gals 15% NEFE with ball sealers,
balled out

Fraced well with 40,000 gals gelled KCL water and
30,000# 20/40 and 12/20 sand

4/29/85 Ran 1581' of 2 3/8" tubing and hung well on pump.

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

SIGNED

TITLE

Production Clerk

DATE

5/3/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 6 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

C/SF

