

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on Reverse Side)

Revised Bureau Form 1004-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

cksp

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.)

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Crosby Federal

8. WELL NO.

3

10. FIELD AND POOL OR WILDCAT

Russell-Yates

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

S12-T20S-R28E

12. COUNTY OR PARISH; 13. STATE

Eddy

NM

1. OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

Timothy D. Collier

3. ADDRESS OF OPERATOR

P. O. Box 798, Artesia, New Mexico 88211-0798

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

332 FSL and 1000 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether D.T., GR., etc.)

RECEIVED BY
OCT 20 1986

O. C. D.
ARTESIA, OFFICE

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

(Other) Change in Ownership

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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.)

Former operator: Barber Oil, Inc.
P. O. Box 1658
Carlsbad, New Mexico 88220

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

SIGNED

TITLE Operator

DATE 10-01-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 16 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO