

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Project Report No. 1004  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC-050797

IF INDIAN, ALLOTTEE OR TRUST LAND

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.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

2. NAME OF OPERATOR

Timothy D. Collier

3. ADDRESS OF OPERATOR

P. O. Box 798, 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

Unit letter M. 660 FSL and 660 FWL of Section  
13, Township 20 South, Range 28 East.

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, RL, GR, etc.)

RECEIVED BY

OCT -8 1986

O. C. D.

ARTESIA, NM

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Russell-Yates

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

S13-T20S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

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

PULL OR ALTER CASING

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Change in Ownership

(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 perti-  
nent 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 03 1986

\*See Instructions on Reverse Side