

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
OTHER INSTRUCTIONS
VERSE 8100

Revised Edition No. 100-100
Issued August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
LC-050797
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

CSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back on 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 88211-0798
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit 0.4 1980 FNL and 1980 FEL of Section 13,
Township 20 South, Range 28 East.

OCT -8 1986

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Wills Federal
9. WELL NO.
3
10. FIELD AND POOL OR WILDCAT
Russell-Yates
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
S13-T20S-R28E
12. COUNTY OR PARISH 13. STATE
Eddy NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RL, GR, etc.)

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
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
OTHER:	

00000 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 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

Timothy D. Collier

TITLE Operator

DATE 10-01-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

OCT 03 1986

*See Instructions on Reverse Side