Form 3160-5
(November 1983)
(Formerly 9-331)

UN. ..D STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL... (Other instructions ... verse side)

Budget Bureau No. 1004-0... Expires August 31, 1985

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.)

RECEIVED
NOV 10 '87
O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER Change of Operator

2. NAME OF OPERATOR: Collier Petroleum Corporation

3. ADDRESS OF OPERATOR: P.O. Box 3531, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: Unit B, 990' FNL, 2310' FEL

5. LEASE DESIGNATION AND SERIAL NO.: LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Wills-Federal

9. WELL NO.: 5

10. FIELD AND POOL, OR WILDCAT: Russell - Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 13, T20S, R28E

14. PERMIT NO.:

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

12. COUNTY OR PARISH: Eddy

13. 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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other) Change of Operator		X		(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.)*

Change operator from Timothy D. Collier

to Collier Petroleum Corporation

effective September 1, 1987.

ACCEPTED FOR RECORD

SJS

NEW MEXICO

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

SIGNED Bonnie Atwater TITLE Agent DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

GY AND MINERALS DEPARTMENT

Revised 10-1-78

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TRANSPORTER	OIL	
	GAS	
OPERATOR	✓	
PRORATION OFFICE		

Operator

IL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY
OCT 30 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Timothy D. Collier

Address

P. O. Box 798, Artesia, NM 88211-0798 WZW

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership XXX ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective as of October 1, 1986.

If change of ownership give name and address of previous owner Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wills Federal	5	Russell-Yates	State, Federal or Fee FED.	LC-050797

Location

Unit Letter B : 990 Feet From The N Line and 2310 Feet From The E

Line of Section 13 Township 20S Range 28E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3 11-14-86 chg op

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Timothy D. Collier
(Signature)

Operator
(Title)

October 29, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1986, 19

BY Original Signed By Les A. Clements

TITLE Supervisor, District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change of condition.