

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions
verse side)

72*

Budget Bureau No. 1604-101-15
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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

2. NAME OF OPERATOR

Collier Petroleum Corporation

NOV 10 '87

3. ADDRESS OF OPERATOR

P.O. Box 3531, Midland, Texas 79702

O. C. D.

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

ARTESIA, OFFICE

At surface

Unit M, 996' FSL, 1005, FWL

7. UNIT ASSIGNMENT NAME

Wills-Federal

8. WELL NO.

6

9. FIELD AND POOL, OR WILDCAT

Russell - Yates

10. SEC., T., S., W., OR BLE. AND
SURVEY OR AREA

Sec. 13, T20S, R28E

11. PERMIT NO.

12. ELEVATIONS (Show whether OF, RT, GR, etc.)

13. COUNTY OR PARISH

Eddy

14. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) Change of Operator

X

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.)

16. 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.

SJS

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

SIGNED Bonnie Otwater TITLE Agent

DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side