

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instruction
verse side)

Budget Bureau No. 1004-0-1
Expires August 31, 1985
LEASE DENOMINATION AND SERIAL NO.
LC-050797

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	7. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR Collier Petroleum Corporation	8. FARM OR LEASE NAME Turner Federal
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit 0, 990' FWL, 2310' FEL	10. FIELD AND POOL, OR WILDCAT Russell YATES
11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 13, T20S, R28E	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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
KILN/OUT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) Change of Operator ☒

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.

SJS

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

SIGNED Bonnie C. C. C. 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