

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
OTHER INSTRUCTIONS
VERSE 8101

Project: Barber Oil, Inc.
Report: A-10-11, 1985
5. LEASE DESIGNATION AND SERIAL NO.

65F

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. NAME OF WELL
WELL XX GAS WELL OTHER

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.)
A4 SURFACE

200 FNL and 2340 FEL of Sec. 13-T20S-R28E.

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

TEST WATER SHUT OFF

FULL OR AFTER CASING

FRAC TURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change in Ownership

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRAC TURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

FARM OR LEASE NAME

Wills Federal

8. WELL NO.

10. FIELD AND POOL OR WILDCAT

Russell-Yates

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

S13-T20S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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