

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions on Re-
verse Side)

Budget Bulletin No. 1004-10115
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. ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit L, 1656' FSL, 1005' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME
Wills-Federal

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
Russell - Yates

11. SEC., T., S., W., OR BLE. AND
SUBSET 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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other) Change of Operator

☒

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.)

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.

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

SIGNED Bonnie Chavate 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