

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.
(Other instructions on reverse side)

Budget Bureau No. 1004-0-105
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC-050797
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

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 M, 330' FSL, 1005' FWL

14. PERMIT NO.

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

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME
Wills-Federal

9. WELL NO.
13

10. FIELD AND POOL, OR WILDCAT
Russell - Yates

11. SEC., T., S. W., OR BLE. 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	☐	WATER SHUT-OFF	☐
FRACATURE TREAT	☐	FRACATURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	☐		
ABANDON*	☐		
CHANGE PLANE	☐		
(Other) <u>Change of Operator</u>	☒		

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 Ottwater TITLE Agent DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: