

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.
(Other instructions on re-
verse side)

Budget Bureau No. 1004-01-15
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
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, 996' FSL, 330' FWL

NOV 10 '87

O. C. D.

ARTESIA, OFFICE

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Wills-Federal

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Russell - Yates

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

Sec. 13, T20S, R28E

14. PERMIT NO.

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

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

FRACTURE TREAT

MULTIPLE COMPLETION

MUDOUT OR ACIDIZING

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) Change of Operator

X

WATER SHUT-OFF

FRACTURE TREATMENT

MUDOUTING 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 location 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 C. Cline

TITLE Agent

DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: