

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

LEASE DENOMINATION AND SERIAL NO.

457

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.  OIL WELL  GAS WELL  OTHER Injection Well  
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.)  
At surface  
1656 FSL and 330 FWL of Sec. 13-T20S-R28E.

RECEIVED BY  
OCT -8 1986  
O. C. D.  
ARTESIA, OFFICE

LC-050797  
6. INDIAN, ALIEN, OR TRIBE NAME  
UNIT AGREEMENT NAME  
FARM OR LEASE NAME  
Wills Federal  
7. WELL NO.  
17  
10. FIELD AND POOL OR WILDCAT  
Russell-Yates  
11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA  
S13-T20S-R28E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM

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		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> TEST WATER SHUT-OFF	<input type="checkbox"/> RILL OR ALTER CASING	<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> REPAIRING WELL
<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDON*	<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDONMENT*
<input type="checkbox"/> REPAIR WELL	<input type="checkbox"/> CHANGE PLANS	<input type="checkbox"/> (Other)	

(Other) Change in Ownership  
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  
17. DESCRIBE PROGRESS 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.)\*

Former operator: Barber Oil, Inc.  
P. O. Box 1658  
Carlsbad, New Mexico 88220

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 \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_  
ACCEPTED FOR RECORD  
OCT 03 1986

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO