

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

BUCKET PERMIT
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 interval.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Change of Operator NOV 10 '87

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, 338' FSL, 352' 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.
18
10. FIELD AND POOL, OR WILDCAT
Russell - Yates
11. SEC., T., R., 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRAC TURE TREAT	☐	FRAC TURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANE	☒		

(Other) Change of Operator

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.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 Atwater TITLE Agent DATE October 27, 1987
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

and willfully to make to any department or agency of the