

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

Budget Bureau No. 1004-1015
Expires August 31, 1985
LEASE DENOMINATION 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Change of Operator NOV 10 '87		7. UNIT ASSIGNMENT NAME	
2. NAME OF OPERATOR Collier Petroleum Corporation O. C. D.		8. FARM OR LEASE NAME Wills-Federal	
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702 ARTESIA, OFFICE		9. WELL NO. 22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit B, 996' FNL, 1665' FEL		10. FIELD AND POOL, OR WILDCAT Russell - Yates	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SUBST. OR AREA Sec. 13, T20S, R28E	
15. ELEVATIONS (Show whether DT, 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 ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
KHOUT OR ACIDIZING ☐	ABANDONMENT ☐	MUDDING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	(Other) ☐
(Other) Change of Operator ☒		(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.

SJS

18. I hereby certify that the foregoing is true and correct
SIGNED Bonnie C. Cavanaugh TITLE Agent DATE October 27, 1987
(This space for Federal or State office use)

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