

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN FREE
(Other instructions
verse side)

Form approved
Bureau of Land Management
Expires August 31, 1985

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different activity. Use APPLICATION FOR PERMIT for all proposals.)

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

1. WELL GAS WELL OTHER

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
1980 FNL and 1980 FWL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DE, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
LC-050797

6. IF INDIAN ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Turner Federal

9. WELL NO.
4

10. FIELD AND POOL OR WILDCAT
Russell-Yates

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
S13-T20S-R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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 COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	

17. DESCRIBE PROPOSED OR COMPLETE 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: _____

DATE ACCEPTED FOR RECORD
OCT 03 1986

*See Instructions on Reverse Side