

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DENOMINATION AND SERIAL NO.

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Turner Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Russell YATES

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

Sec. 13, T20S, R28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOV 10 '87

O. C. D.

ARTESIA OFFICE

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 C, 660' FNL, 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Change of Operator

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 tools 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 Ottwater TITLE Agent

DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____