

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

1. Complete well
Barber Oil, Inc. 1041
Expires August 31, 1985

dsf

2. LEASE DESIGNATION AND SERIAL

LC-050797

3. IF INDIAN, ALLOTTEE OR TRIBE NAME

4. UNIT AGREEMENT NAME

5. FARM OR LEASE NAME

Turner Federal

6. WELL NO.

9

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 13. STATE

Eddy

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.)

1. OF GAS
WELL XX WELL OTHER

2. NAME OF OPERATOR

Timothy D. Collier

3. ADDRESS OF OPERATOR

P. O. Box 798, Artesia, New Mexico 88211

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)

At surface

1017 FNL and 2339 FWL

990

2310

14. PERMIT NO.

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

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PLUG OR ALTER CASING

FRAC TURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change in Ownership

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRAC TURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 perti
nent 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

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

OCT 03 1986

*See Instructions on Reverse Side