

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction
verse side)

1. LEASE NO. 1004
2. LEASE ACQUISITION DATE 11, 1985
3. LEASE DESIGNATION AND SERIAL *25F*

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 WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Timothy D. Collier

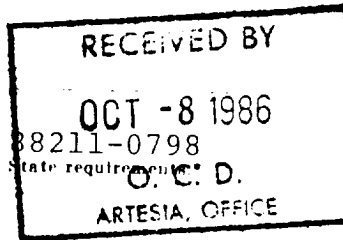
3. ADDRESS OF OPERATOR

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

2322 FSL and 2337 FEL



5. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME

Turner Federal

7. WELL NO.

10

8. FIELD AND POOL OR WILDCAT

Russell-Yates *SAND*

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

S13-T20S-R28E

10. COUNTY OR PARISH; 11. STATE

Eddy

NM

12

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PLUG OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change in Ownership

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

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

13. IN SHELVE, PRODUCTION OR COMPLETION OPERATIONS (Describe 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

14. I hereby certify that the foregoing is true and correct

SIGNED *Timothy D. Collier* TITLE Operator

(This space for Federal or State office use)

DATE 10-01-86

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 03 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO