

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other Jurisdictions
vary slightly)

Form approved
Bureau of Land Management
Expires August 31, 1988

OKF

5. LEASE DESIGNATION AND SERIAL
LC-050797

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner Federal

9. WELL NO.
17

10. FIELD AND POOL OR WILDCAT
Russell-Yates SAND

11. SEC., T., R., M. OR BLE. AND SURVEY OR AREA
S13-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 BY
OCT -8 1986
O. C. D.
ARTESIA OFFICE

1. OIL WELL GAS WELL OTHER Injection Well

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

1658 FSL and 2338 FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RL, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

WATER SHUT OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Change in Ownership

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

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.

SIGNER *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