

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

1. DATE OF REPORT
2. NAME OF OPERATOR
3. PERMIT NO.

4. LEASE DESIGNATION AND SERIAL NO.

LC-050797

5. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. TYPE OF WELL
OIL ☒ GAS ☐
WELL ☒ 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.)

At surface

1305 FNL and 1980 FEL

14. PERMIT NO.

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

RECEIVED BY

OCT -8 1986

O. C. D.

ARTESIA OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills Federal

9. WELL NO.

26

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

16.

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

FRAC TURE TREAT

MULTIPLE COMPLETION

FRAC TURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANT

(Other)

(Other) Change in Ownership

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. 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

(This space for Federal or State office use)

DATE 10-01-86

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

OCT 03 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO