

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

LC-050797

U. S. DEPARTMENT OF THE INTERIOR

OKF

RECEIVED BY
OCT -8 1986
O. C. D.
ARTESIA OFFICE

1. NAME OF WELL: OTHER Injection Well

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

-1325 FSL and 660 FWL

14. PERMIT NO.

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

6. FARM OR LEASE NAME

Wills Federal

7. WELL NO.

27

10. FIELD AND POOL OR WILDCAT

Russell-Yates

11. SEC., T., R., M., OR BLK. 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

FRACTURE TREAT

NO. TITLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

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 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

SIGNED: Timothy D. Collier

TITLE Operator

DATE 10-01-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE ACCEPTED FOR RECORD

OCT 03 1986

*See Instructions on Reverse Side