

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Budget Item No. 1004-1-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-050797

6. 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. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Change of Operator		RECEIVED
2. NAME OF OPERATOR Collier Petroleum Corporation		NOV 10 '87
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702		O.C.D. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit H, 2310' FNL, 990' FEL		
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, GR, etc.)	

7. UNIT ASSIGNMENT NAME	
8. FARM OR LEASE NAME Wills-Federal	
9. WELL NO. 30	
10. FIELD AND POOL, OR WILDCAT Russell - Yates	
11. SEC., T., R., W., OR BLE. AND SUBSET OR AREA Sec. 13, T20S, R28E	
12. COUNTY OR PARISH Eddy	13. STATE 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 ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	
(Other) Change of Operator ☒		(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.) *

Change operator from Timothy D. Collier
to Collier Petroleum Corporation
effective September 1, 1987.

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

SIGNED Bonnie Attwater TITLE Agent DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: