

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME

Wills-Federal

9. WELL NO.

36

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

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

NOV 10 '87

O. C. D.

OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Change of Operator

2. NAME OF OPERATOR

Collier Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Box 3531, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit A, 660' FNL 1310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) Change of Operator

X

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.)

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.

535

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

SIGNED

Bonnie Chiswick

TITLE Agent

DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: