

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

LC-050797

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

1. NAME OF WELL (If well is for purposes to drill or to deepen or plug back to a different formation, give well identification for permit.)
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

1310 FNL and 1310 FEL

14. PERMIT NO.

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

16

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

NOTICE OF INTENTION TO

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

Other Change in Ownership

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.)

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

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 03 1986

*See Instructions on Reverse Side