

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT **BLM** - **CARLSBA**

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

EXTRA COPY

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills Federal

9. WELL NO.

41

10. FIELD AND POOL, OR WILDCAT

Russell (Yates)

11. SEC., T., S., M., OR BLK. AND
SUBST. OR AREA

Sec. 13 T-20-S R-28-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ SWD

2. NAME OF OPERATOR

Collier Petroleum Corp.

RANDY CARP

(915) 685-3171

3. ADDRESS OF OPERATOR

P.O. Box 51311 Midland, TX 79710

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

Unit Letter A

1310 FNL - 1310 FEL

JA 2'90

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, ETC.)

3255 DF

C. C. D.
ARTESIA, OFFICE

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

☐

FRAC'TURE TREAT

☐

MULTIPLE COMPLETE

☐

ABANDON OR ACIDIZE

☐

ABANDON* & plug

☒

REPAIR WELL

☐

CHANGE PLANE

☐

(Other)

WATER SHUT-OFF

☐

FRAC'TURE TREATMENT

☐

SHOOTING OR ACIDIZING

☐

(Other)

REPAIRING WELL

☐

ALTERING CASING

☐

ABANDONMENT*

☐

(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.)

projected date of work: May 31, 1990

pull tubing out of hole; set cast iron bridge plug at 840'; spot 100' of cement on top of plug; fill hole with mud; spot 50' of cement for surface plug; erect appropriate dry hole marker.

P.S. THIS P&A PROCEDURE IS NOT ACCEPTABLE.

MR. GREG McABE SAID WILL SEND US
ANOTHER PROCEDURE INCLUDING REQUIREMENTS
POINTED OUT TO HIM ON 5/24/90
Adm.

RECEIVED
MAY 10 11 07 AM '90

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

SIGNED

D. G. McCabe

TITLE Partner

DATE 5-9-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side