

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-01-01
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
LC-050797
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		7. UNIT ASSIGNMENT NAME
2. NAME OF OPERATOR Collier Petroleum Corporation		8. FARM OR LEASE NAME Wills-Federal
3. ADDRESS OF OPERATOR P.O. Box 3531, Midland, Texas 79702		9. WELL NO. 43
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit K, 1990' FSL, 1337' FWL		10. FIELD AND POOL, OR WILDCAT Russell - Yates
14. PERMIT NO.		11. SEC., T., R. W., OR S.W. OR S.E. AND SURVEY OR AREA Sec. 13, T20S, R28E
15. ELEVATIONS (Show whether DT, RT, CR, etc.) ARTESIA, OFFICE		12. COUNTY OR PARISH Eddy
		13. STATE NM

RECEIVED

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O. C. D.

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 ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	(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.

SJS

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

SIGNED Bonnie Stewart TITLE Agent

DATE October 27, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____