orm 9-301 May 1 (62)	ITED STATI DEPARTMINT OF THE	ES SUBMI	T IN T LICATES		eau No. 42-R1424
L			ide)	NM-13821	
	GEOLOGICAL SU			6. IF INDIAN, ALLOTT	EE OR TRIBE NAME
SUNDI (Do not use this for U	RY NOTICES AND REF on for proposals to drill or to deep se "APPLICATION FOR PERMIT—	en or plug back to a diffe "for sack 2000 csal	LS red Commission		
OIL X GAS WELL	OTHER	Artesia, NM	8821 R ECEIVE	7. UNIT AGREEMENT	NAME
2. NAME OF OPERATOR				8. FARM OR LEASE N	AME
Collier Ener	COV.	.4	DEC 1 7 19	Sparrow Fed	eral
3. ADDRESS OF OPERATOR	-9 <u>y</u> -			9. WELL NO.	
P.O. Box 798, Artesia, New Mexico 88210 O.C.D.				<u> </u>	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) ARTESIA, OFFICE				10. FIELD AND POOL, OR WILDCAT	
At surface	,		January Sille	MCMITTIAN 3	
2310' FWL & 1650' FSL				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
2020					
			1-20-26 12. COUNTY OR PARISH 13. STATE		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)				
				<u>Eddy</u>	NM
16.	Check Appropriate Box To	Indicate Nature of N	lotice, Report, or	Other Data	
• •				UENT REPORT OF:	
	<u> </u>	WATE	R SHUT-OFF	REPAIRIN	G WELL
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE		TURE TREATMENT	ALTERING	CASING
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*		TING OR ACIDIZING	ABANDON	MENT*
	CHANGE PLANS	(Oth	er)		
DUDATE WELL			(Note: Report resul	ts of multiple completic pletion Report and Log	on on Well form.)
REPAIR WELL					
(Other)	OMPLETED OPERATIONS (Clearly state well is directionally drilled, give sufficient	e all pertinent details, an	d give pertinent date	es, including estimated	date of starting at

Fill with coment from 555'T. D. to surface.

DEC 6 1982

C'13 & 119

18. I hereby certify that the foregoing is true and correct DATE 12-2-82 Production Clerk TITLE _ (This space for Federal or State office use) CONDITIONS OF APPROVALE IF AND 1982 DATE __

Fot JAMES A. GILLHAM * See Instructions on Reverse Side DISTRICT SUPERVISOR