

Form 1500-5
November 1985
4-10-85 (9-1-81)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE COPY
(Other instruction
verse side)

EXPIRES: AUGUST 31, 1985
LEASE DESIGNATION AND SERIAL NO.

45F

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

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 BLM State Regulations
See also space 17 below)
*At surface
1656 FNL and 1665 FEL

14. PERMIT NO. _____

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

RECEIVED BY
OCT -8 1986
O. C. D.
ARTESIA, N.M.

6. LEASE DESIGNATION AND SERIAL NO.
LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Wills Federal

9. WELL NO.
21

10. FIELD AND POOL OR WILDCAT
Russell-Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S13-T20S-R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

16. NOTICE OF INTENTION TO: _____

17. FREQUENT REPORT OF: _____

TEST WATER SHUT-OFF	PLUG OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(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