

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
D. LEASE DESIGNATION AND SERIAL NO.

NM #077004

G. 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 ☐

2. NAME OF OPERATOR
Collier & Collier

3. ADDRESS OF OPERATOR
P. O. Box 798, Artesia, New Mexico 88210

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

330' FSL & 2310' FEL

U. S. GEOLOGICAL SURVEY
HOEN, NEW MEXICO

11. PERMIT NO.

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

3603 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 19

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Tonto Yates South

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 19, T-19-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 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.) *

October 30, 1980:

Plan to repair, clean out and return to producing.

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

SIGNED

TITLE President

DATE 10-29-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side