

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		5. LEASE DESIGNATION AND SERIAL NO. 91-016916 (LC-062254-A)
2. NAME OF OPERATOR Barber Oil, Inc..		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1658 Carlsbad, NM 88221-1658		7. UNIT AGREEMENT NAME Saladar Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter (O) 660' FSL and 2310' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3205 GR		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T20S, R28E
		12. COUNTY OR PARISH Eddy
		13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.) \*

- 4/17/90- Baber Well Service moved on location. Pulled tubing and packer. Stretched casing and casing borke at 4'. Ran tubing to bottom of hole and circulated 50 sax cement. Shut down.
- 4/18/90- Ran tubing and tagged cement at 310'. Perforated casing at 50' and circulated cement on outside and inside of casing until cement reached the surface. Set marker. Cleaned location.

Company Witness: David Walker  
BLM Witness : Cathey Queen

RECEIVED

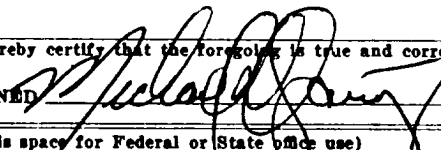
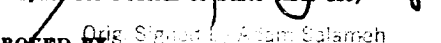
JUL 27 '90

O. C. D.  
ARTESIA OFFICE

RECEIVED  
JUL 20 11 51 AM '90  
CARLSBAD OFFICE  
AREA HEADQUARTERS

Post ID-2  
7-27-90  
PFA

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

SIGNED 	TITLE President	DATE 7/19/90
(This space for Federal or State office use)		
APPROVED BY 	TITLE	DATE 7-25-90
CONDITIONS OF APPROVAL, IF ANY:		

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side