

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Drawer DD  
Artesia, NM

88810EASE  
LC -050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME  
Wills Federal

9. WELL NO.  
45

10. FIELD OR WILDCAT NAME  
Russell-Yates

JAN 24 1983  
O. C. D.  
ARTESIA, OFFICE

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

Sec. 13, T20S, R28E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
Barber Oil, Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 1658 Carlsbad, NM 88220

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1328' FNL & 2635' FEL UL - G  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Convert Injection Well to Production

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Run approximately 840' of 2 3/8" EUE tubing with 1 1/2" pump.  
Work to begin as soon as possible.

RECEIVED

JAN 19 1983

OIL & GAS

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

Ft.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE President

DATE 1-17-83

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 21 1983

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side