

C/S 7

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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: 1315' FSL & 1325' FWL UL-N
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH.

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Convert Production Well To Injection Well

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.)*

4-28-83 Will run approximately 600' 2-3/8" plastic lined tubing with 2" X 5 1/2" Type SL, Arrow packer, Tubing set with bolted clamp on top os casing.

5. LEASE
NM-08277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Saladar Unit

RECEIVED

8. FARM OR LEASE NAME

MAY 06 1983

9. WELL NO.
14

O. C. D.

10. FIELD OR WILDCAT NAME
Saladar-Yates

ARTESIA, OFFICE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T20S, R28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3197'

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

RECEIVED

MAY 2 1983

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Michael J. Fain TITLE Vice-President DATE 4-28-83

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 5 1983

SUBJECT TO _____
APPROVAL BY STATE
SUBJECT TO LIKE
APPROVAL BY STATE