

UNITED STATES OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

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 ☒ gas ☐ 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: 2310' FNL & 990' FEL UL-H
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* ☐
(other) Casing Repair

SUBSEQUENT REPORT OF:

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RECEIVED

JUL 01 1983

O. C. D.

ARTESIA, OFFICE

5. LEASE
NM 000767
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
LeBow Federal
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
North Hackberry-Yates
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 25, T. 19S, R. 30E
12. COUNTY OR PARISH
Eddy NM
13. STATE
14. API NO.
15. ELEVATIONS (SHOW DE KDB AND WD)
GR 336

(NOTE: Report on multiple completion zones change Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled, give surface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Work to begin as soon as possible. Will run retrievable plug to approximately 300'. Set plug with 5' of sand above plug. Circulate cement to surface. Drill out cement, wash out sand, and retrieve plug. Run 2-3/8" tubing with rods and rod pump and begin pumping.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Michael J. Chester TITLE Vice-President DATE 6/28/83

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 30 1983