

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 ☒ gas ☐ other ☐  
well well

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: 330' FSL & 2310' FEL UL-0  
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\* ☐

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(other Convert Injection Well to Production)

5. LEASE  
LC-050797  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME JAN 24 1983  
Crosby Federal  
9. WELL NO. O. C. D.  
1 ARTESIA, OFFICE  
10. FIELD OR WILDCAT NAME  
Russell-Yates  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T20S, R28E  
12. COUNTY OR PARISH Eddy 13. STATE NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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" rod pump.  
Work to begin as soon as possible.

**RECEIVED**  
JAN 19 1983

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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)

APPROVED BY (Orig. EOL) EDWARD W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JAN 21 1983  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side