

c/sf

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 ☐

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: 663' FSL & 2000' 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:

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

SUBSEQUENT REPORT OF:

☐
☐
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☐
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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
Crosby Federal O.C.D.
9. WELL NO.
4 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)

JAN 24 1983

(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 _____ Ft.

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

SIGNED _____ 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