Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

Artesia, NM

DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY** 

8	825.OLEASE
	T.C050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

			1	-		
 	 FFA	150	x	M	A D 4	

RECEIVED

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	
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(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	<b>K</b>	gas well		other	
2.	NAM	E OF	OPERA	TOR		
	Ва	rbei	011,	Inc	·	
3	ADD	RESS	OF OPE	ERATO	R	

P.O. Box 1658 Carlsbad, NM 88220

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 AT SURFACE: 1980' FSL & 1980' FWL UL-K AT TOP PROD. INTERVAL:

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

7. UNIT AGREEMENT 2 4 1983 8. FARM OR LEASE MAME Turner Federal

O. C. D. 9. WELL NO. 2 ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME Russell-Yates

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

Sec. 13, T20S, R28E 12. COUNTY OR PARISH 13. STATE NM 14. API NO.

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

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) Convert Injection Well

AT TOTAL DEPTH:

SUBSEQUENT REPORT OF:

(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.

to Production



011, 31, 933 MINERALS MONT. SERVICE ROSWELLS NEW MEXICO Subsurface Safety Valve: Manu. and Type going is true and correct President DATE \_ TITLE . SIGNED. This space for Federal or State office use) APPROVED (AFTIS Sgd.) PETER W. CHESTERITLE CONDITIONS OF APPROVAL, IF ANY: \_ DATE \_ JAN 21 1983 **FOR** 

DISTRICT SUPERVISOR See Instructions on Reverse Side

JAMES A. GILLHAM