

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: 1980' FSL & 1970' FEL UL-J
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 1168

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 Injection Well to Production

5. LEASE

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED

7. UNIT AGREEMENT NAME

JAN 24 1983

8. FARM OR LEASE NAME

Turner Federal

O. C. D.

9. WELL NO.

3

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

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 (Sig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 21 1983

FOR

JAMES A. GILLHAM*See Instructions on Reverse Side
DISTRICT SUPERVISOR