

ARTESIA, NM 88010
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 recomplete a well back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well 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: 990' FNL & 2310' FEL UL-B
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 Test

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
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☐
☐
☒

5. LEASE

LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills Federal

9. WELL NO.

5

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.)*

8-28-84 Ran 2-3/8" tubing with Lynes packer to 660'. Tested to 200#.
Did not hold. Plan to put on the pump as soon as possible.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE President DATE 8-29-84

ACCEPTED FOR RECORD

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL

SEP 6 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side