

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 ☐

JUN 11 1983

2. NAME OF OPERATOR

Barber Oil, Inc.

O. C. D.

3. ADDRESS OF OPERATOR

P. O. Box 1658 Carlsbad, NM 88220

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 996' FNL & 1005' FEL UL-A

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\* ☐

(other) Casing Test ☐

5. LEASE

LC 7050797

6. IF INDIAN, ANCESTRAL OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wills Well 1

9. WELL NO.

8

10. FIELD OR WELL NAME

Russell

11. SEC., T., R., AND NEIGHBORLY OR AREA

Sec. 2208 R. 1

12. COUNTY OR STATE

Eddy NM

14. API NO.

15. ELEVATIONS (SHOW DEPT. OF KOB. AND WD)

RECEIVED

MAR 20 1983

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all proposed operations, including estimated date of starting any proposed work. If well is directionally drilled, include estimated dates and measured and true vertical depths for all markers and zones pertinent to this work.)

3-7-83 Ran 2-3/8" tubing with Lynes Packer to 440'. Test to 200'.  
Did not hold. Plan to put on pump as soon as possible.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED \_\_\_\_\_ TITLE President

DATE

(This space for Federal or State office use)

APPROVED BY FOR RECORD  
SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

JUL 8 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO