NM OIL CONS. COMMISSION

Drawer DD

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR

Artesia, NM 88219 LEASE

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DEPARTMENT OF THE INTERIOR -	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
GEOLOGICAL SURVEY		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME RECEIVED	
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	
	Wills Federal JAN 24 1983	
1. oil gas cher gther	9. WELL NO. 19 O. C. D.	
2. NAME OF OPERATOR V	19 U. C. D. 10. FIELD OR WILDCAT NAMEARTESIA, OFFICE	
Barber Oil, Inc.	Russell-Yates	
3. ADDRESS OF OPERATOR P.O. Box 1658 Carlsbad, NM 88220	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
P.O. Box 1658 Carlsbad, NM 88220 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
halow)	Sec. 13, T20S, R28E	
AT SURFACE: 2322' FNL & 2333' FEL UL-G	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	14 ADI NO	
	14. API NO. 4. 4.5 g 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF \square	1934 1934	
FRACTURE TREAT		
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-330.)	
PULL OR ALTER CASING	change on Form 9-530.)	
MULTIPLE COMPLETE		
CHANGE ZONES		
(other) Convert Injection Well to Production		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (C early statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertined. Run approximately 840' of 2 3/8" EUE tubing Work to begin as soon as possible.	nt to this work.)*	
WOLK to begin to be provided the provided to be a provide	RECEIVED JANAL 9 1983	
	OIL & TAS Mineral o Moilt, Service Roswell, New Mexico	
Subsurface Safety Valve: Manu. and Type	Set @Ft.	
18. I hereby certify that the foregoing is true and correct		
SIGNED TITLE President	DATE1-17-83	
APPROVED (This space for Federal or State o	ffice use)	
(Oris. Sgd.) PETER W. CHESTERTITLE		
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side