

C/SZ

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: 1656' FNL & 1665' FEL UL-G
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Casing Test <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE LC-050797
6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED
7. UNIT AGREEMENT NAME JUN 11 1983
8. FARM OR LEASE NAME Wills Federal O. C. D.
9. WELL NO. 21 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 changes on Form 9-330.)

RECEIVED

MAR 28 1983

OIL & GAS

MINERALS INQUIRY SERVICE
ROSWELL, NEW MEXICO

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 survey measurements and measured and true vertical depths for all markers and zones pertinent to this work.)*

2-15-83 Ran 2-3/8" tubing with Lynes packer to 687'. Tested to 200%.
Did not hold. Pulled up to 440'. Tested 200%. Did not hold.
Plan to put on 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 3-23-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature]

JUL 8 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO