CHANGE ZONES ABANDON*

(other)

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES Drawer DD

Convert Injection Well to Production

88210 5. LEASE

| DEPARTMENT OF THE INTERIOR OF THE SURVEY | LC -050797 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
|--|---|--|--|
| 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 reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME JAN 24 1983 | | |
| 1. oil gas well Other 2. NAME OF OPERATOR \ \ | 9. WELL NO. 12 O. C. D. | | |
| Barber Oil, Inc. 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAMERTESIA, OFFICE Russell-Yates Jane | | |
| P.O. Box 1658 Carlsbad, NM 88220 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | |
| below.) AT SURFACE: 2322' FSL & 2339' FWL UL - K AT TOP PROD. INTERVAL: | Sec. 13, T20S, R28E 12. COUNTY OR PARISH 13. STATE Eddy NM | | |
| AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | | |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE | (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.

DIL & GAS MINERALS NIGHT, SERVICE

| Subsurface Safety Valve: Manu. and Type | | MARKETT MEN PIEWER | |
|---|----------|--------------------|-----|
| | | Set @ | Ft. |
| 18. I hereby certify that the foregoing is true and correct SIGNED TITLE President | DATE | 1-17-83 | |
| APPROVED (This space for Federal or State office use) | | | |
| APPROVED BY Sgd.) PETER W. CHESTER TILE CONDITIONS OF APPROVAL, IF ANY | _ DATE _ | | |
| JAN 2 1 1983 | | | |
| JAMES A. GILHAM DISTRICT SUPERVISOR See Instructions on Reverse Side | | | |