

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM

LEASE
88210
LC-050797

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME
Wills Federal JAN 24 1983

9. WELL NO.
15 O. C. D.

10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
Russell-Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 14, T20S, R28E

12. COUNTY OR PARISH Eddy 13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 ☒ 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: 996' FSL & 330' FEL UL - P
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) Convert Injection Well to Production

(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.

RECEIVED

JAN 19 1983

OIL & GAS
MINERALS MGMT. 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

DATE 1-17-83

APPROVED

(This space for Federal or State office use)

APPROVED BY (Type and Sign) PETER W. CHESTNUT
CONDITIONS OF APPROVAL, IF ANY:

DATE

JAN 21 1983

FOR

JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR