

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Injection Well	NOV 20 '88
2. NAME OF OPERATOR Barber Oil, Inc.	ADVANCE OGD C&G D. ARIZONA OFFICE
3. ADDRESS OF OPERATOR P. O. Box 1658 Carlsbad, NM 88221-1658	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter (N) 1315' FSL and 1325' FWL	
5. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3197 GR
6. LEASE DESIGNATION AND SERIAL NO. 91-016916	7. UNIT AGREEMENT NAME Saladar Unit
8. IF INDIAN, ALLOTTEE OR TRIBE NAME	8. FARM OR LEASE NAME
9. WELL NO. 14	10. FIELD AND POOL, OR WILDCAT Saladar - Yates
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 33, T20S, R28E	12. COUNTY OR PARISH EDDY
13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Workover - Unseat packer, tag bottom and tally tubing to check PBTD. Calculate amount of blow sand need to cover perforations from 626' to 638' and dump sand in casing. Allow to settle for two days. Run wire line to check PBTD. Adjust sand level as needed. Go in hole with packer and tubing and set at 600'. Cement squeeze perforations from 613' to 626'. Shut down overnight. Come out of hole with tubing and packer. Go in hole with bit and tubing, drill out cement and clean out blow sand to plug back total depth of 648'. Come out of hole with tubing and bit. Go in hole with packer and tubing and set at 600'. Acidize perforations from 626' to 638' with 500 gals of acid by displacing acid to the perms. Do not overflush. Wait one hour and swab acid load back until well cleans up. Pump another 250 gals. acid and overflush acid into formation. Return well to injection.

I hereby certify that the foregoing is true and correct

SIGNED

TITLE President

DATE 11/15/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side