Form 3160-5
(November 1983)
(Formerly 9-331)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210
RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.
91-016916 NM-05277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME
Saladar Unit

OIL WELL ☐ GAS WELL ☒ OTHER Injection Well

2. NAME OF OPERATOR
Barber Oil, Inc.

NOV 20 '89
O. C. D.
ARTESIA, OFFICE

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P. O. Box 1658 Carlsbad, NM 88221-1658

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2310 FSL and 1650 FWL (Unit Letter K)

10. FIELD AND POOL, OR WILDCAT
Saladar

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 33, T20S, R28E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☒	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)*

Propose to unseat packer and remove 2-3/8" tubing. Unscrew casing and pull first two joints casing out of hole. Replace top joint of casing with 5½" 17# new. Go back in hole and screw into existing casing. Run packer and tubing back in hole and test casing. (Will contact NMOCD before testing.) Ifcasing tests will return to injection.

RECEIVED
Nov 8 1 53 PM '89
OIL CONS. DIV.
ARTESIA, NM

18. I hereby certify that the foregoing is true and correct

SIGNED Michael Barber TITLE President DATE 11/7/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.