

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)
APR 22 1986

Budget Bureau No. 1007-0130
Expires August 31, 1985

clsp

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. WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

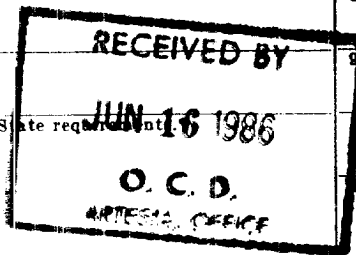
Barber Oil, Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 1658 Carlsbad, NM 88221

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

UL-F, 1650 FNL and 2310 FWL



5. LEASE DESIGNATION AND SERIAL NO.

LC-029171-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Keyes Federal

9. WELL NO.

7-6

10. FIELD AND POOL, OR WILDCAT

P. C. A.-Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, T20S, R30E.

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

1. WATER SHUT-OFF

☐

2. PULL OR ALTER CASING

☐

3. FRACTURE TREAT

☐

4. MULTIPLE COMPLETE

☐

5. SHOOT OR ACIDIZE

☐

6. ABANDON*

☐

7. GRAPE WELL

☒

8. CHANGE PLANS

☐

9. OTHER

☐

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF

☐

2. REPAIRING WELL

☐

3. FRACTURE TREATMENT

☐

4. ALTERING CASING

☐

5. SHOOTING OR ACIDIZING

☐

6. ABANDONMENT*

☐

(Other)

☐

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

17. 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.) *

Week of 6/9/86 to 6/13/86 - Set bridge plug in 7" casing @ 200'. Squeeze formation w/cement. Drill out 7", flush and put back on production.

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

SIGNED

Frank J. [Signature]

TITLE President

DATE 6/6/86

(This space for Federal or State office use)

APPROVED BY

Frank J. [Signature]

TITLE

DATE 6-12-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side