

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawn DD FORM APPROVED
Artesia, NM 88210 Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

DEC 8 1993

5. Lease Designation and Serial No. 29096-C
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. Colglazier 1, 2 & 3
9. API Well No.
10. Field and Pool, or Exploratory Area Barber-Yates/7 Rivers
11. County or Parish, State Eddy Co., NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Barber Oil, Inc.

3. Address and Telephone No.
P. O. Box 1658 Carlsbad, NM 88221-1658

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Well No. 1 NWNE Sec 20, T20S, R30E, NMPM
Well No. 2 SWNE Sec 20, T20S, R30E, NMPM
Well No. 3 SWNE Sec 20, T20S, R30E, NMPM

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <u>Commingle Production</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13 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.)*

See Attached

*Sund Canyon
F. J. Wells*

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

Signed [Signature] Title President Date 12/2/93

(This space for Federal or State Office use)
Approved by [Signature] Title [Signature] Date 12/8/93

Conditions of approval, if any: [Signature]

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.

*See instruction on Reverse Side