Form Approved. Budget Bureau No. 42-R1424

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ARTESIA, OFFICE

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UNITED STATES	Artesia,	1,14 00	~ ~3 ; ∟ (
DEPARTMENT OF THE II	NTERIOR		LO

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9. WELL NO.

27

8. FARM OR LEASE NAME Will's Federal

10. FIELD OR WILDCAT NAME

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOWE
ON WELLC	7. UNIT AGREEMENT

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.)

gas X other well well 2. NAME OF OPERATOR Barber Oil, Inc

3. ADDRESS OF OPERATOR 88220 Carlsbad, NM P.O. Box 1658

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1325' FSL & 660'FWL UL - 1

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

Russell-Yates 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA**

T205. R 28E Sec. 13. 12. COUNTY OR PARISH 13. STATE NM Eddy

14. API NO.

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

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES**

ABANDON*

SUBSEQUENT REPORT OF:

(NOTE: Report results of multiple completion or zone change on Form 9-330.) 4 ää

(other) Convert Injection Well to Production 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.



OIL & GAS MINERALS MONTE SERVICE ROSWELL, NEW ME

Subsurface Safety Valve: Manu. and Type _ ing by a series 18. I hereby certify that the for going is true and correct 1-17-83 President DATE TITLE SIGNED TOT: ROVED This spage for Federal or State office use) APPROVED (String Sgd.) PETER W. CHESTERTITLE CONDITIONS OF APPROVAL IF ANY: DATE in the ine mine pronte Ĭ, JAN 21 1983 3 3 d:

FOR

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