

UNITED STATES Artesia, NM 88210
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well ☒ gas well ☐ other ☒
2. NAME OF OPERATOR ☒
Barber Oil, Inc
3. ADDRESS OF OPERATOR
P.O. Box 1658 Carlsbad, NM 88220
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 2630' FEL UL - G
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(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.

5. LEASE
LC-050797
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME Wills Federal JAN 24 1983
9. WELL NO. 35 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
Russell-Yates
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 13, T20S, R28E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3453

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

RECEIVED

JAN 19 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE President DATE 1-17-83

APPROVED

(This space for Federal or State office use)

APPROVED (Sig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 21 1983

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