Distor DD	
orm 9-331 Dec. 1973	0 Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-050797
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different . sservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME FEB 04 1983
1. oil 🕅 gas 🗌 other	Wills Federal 9. WELL NO. C. D.
Wen	34 ARTESIA, OFFICE
2. NAME OF OPERATOR Barber 011, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Russell-Yates 11. SEC., T., R., M., OR BLK. AND SURVEY OR
P.O. Box 1658 Carlsbad, NM 88220	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 13, T208, R28E
below.) AT SURFACE: 2630' FNL & 1980' FWL UL - F	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Eddy
AT TOTAL DEPTH: 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
	가는 후기 가 있는 사람이 있다. 동안 바람이 있는 것이 있는 것이 있다.
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
CHANGE ZONES	
(other) Convert Injection Well to Production	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat	e all pertinent details, and give pertinent dates, firectionally drilled, give sybsurface locations and at to this work.)
including estimated date of starting any proposed work. If well is c measured and true vertical depths for all markers and zones pertine	
Run approximately 840' of 2 3/8" EUE tubing	with 1 1/2" rod pump.
Run approximately 840° of 2 576 EUE tubing Work to begin'as soon as possible.	
work to begin as soon as poor fire	していた。 「「「「」」では、「」」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」」では、「」」」では、「」」」では、「」」では、」」」では、「」」では、」」」では、「」」では、」」」」では、」」」」では、」」」」」では、」」」」でいい」」でいい
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	999 997
	동안 전 영양 Marcology 등 것 같다. 전 전 요리 전 드립니다. 등 것 같다.
a to a Safaty Valve: Manu and Type	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE President	
(This space for Federal or State o	ffice use)
APPROVED BY TITLE	
CONDITIONS OF APPROVAL, IF ANY:	
*See Instructions on Reverse	side JAN 3 1 1983
	0:1 & C/S
	MINERALS FIGUE. SERVICE

BOSWELL, NEW MEXICO

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