

UNITED STATES
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.) (UL - N)
AT SURFACE: 990' from SL & 1808 from WL
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Conversion to W/I well <input type="checkbox"/>	

5. LEASE
~~14-08-0001-16916~~ NM08277
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Saladar
8. FARM OR LEASE NAME
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Saladar
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T20S, R28E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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.)*

Ran 583' 10" ²/_{2-3/8"} OD, EUE, 4.7# tubing, plastic lined with 2" X 5 1/2" type SL, Arrow packer. Tubing set with bolted clamp on top of casing.

RECEIVED

SEP 3 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

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

SIGNED Peter W. Chester TITLE President DATE 8-29-80

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____

SEP 25 1980