NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes (		
SANTA FE	1			C-102 and C Effective 1-1		
FILE	1	1		Encentre 1-1	-03	
U.S.G.S.		1	APR 1 6 198	1 5a. Indicate Tyr	e of Lease	
LAND OFFICE				State	Federa l <sub>Fee</sub>	
OPERATOR	i		0. C. D.	5. State Oil & G	as Lease No.	
	Federl No.	91-016916				
(DO NOT USE THIS FOUND		NDR	Y NOTICES AND REPORTS ON WELLS posals to drill or to deepen or plug back to a different reservoir. ion for permit - " (form C-101) for such proposals.)			
1.					nt Name	
OIL GAS GAS WELL OTHER-					Unit	
2. Name of Operator					e Name	
Barber Oil, Inc.					Ycles	
3. Address of Operator						
P. O. Box 1658 Carlsbad, № 88220						
4. Location of Well					ool, or Wildcat	
UNIT LETTER 0, 330 FEET FROM THE South LINE AND 1753					Saladar-Yates	
			ON 33 10WNSHIP 20S RANGE NMPM			
15. Elevation (Show whether DF, RT, GR, etc.)						
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10.	Che	eck /	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data		
ΝΟΤΙ				T REPORT OF	:	
PERFORM REMEDIAL WORK	7		PLUG AND ABANDON REMEDIAL WORK	A :		
TEMPORARILY ABANDON	٦		COMMENCE DRILLING OPNS.			
PULL OR ALTER CASING	Ĵ		CHANGE PLANS CASING TEST AND CEMENT JOE	FLUG		
			Injection Well to	s to produc	inc well	
OTHER Change fro	Wat	er ]	Injection Well to			
Producing W	<u>le11</u>					
<ol> <li>Describe Proposed or Co work) SEE RULE 1103.</li> </ol>	omplet	ed Op	erations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of	starting any proposed	

Ran 643' of 2-3/8" OD tubingwith appropriate pumping equipment in order to produce well.

\*NOTE: The U.S.G.S. shows Saladar #10 to be a producing oil well. The Oil Conservation Division has it as a water injection well. The reason for filing is to get both agencies in line with the actual status of the well.

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18. I hereby certify that the information above is true and	d complete to the best of my knowledge and belief.	
SIGNED SIGNED	President	4-15-81
m. Liil	•	
APPROVED BY //hhs William	TITLE OIL AND GAS INSPECTOR	DATE APR 2 0 1981
CONDITIONS OF APPROVAL, IF ANY:		