

RECEIVED BY	
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O. C. D.	
ARTESIA, OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BARBER OIL, INC.

Address
Box 1658 CARLSBAD, NM 88220

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name LEWIS FEDERAL	Well No. 7	Pool Name, Including Formation NORTH HACKBERRY - YATES - SEVEN RIVERS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 06767
Location Unit Letter G : 1980 Feet From The NORTH Line and 1650 Feet From The EAST Line of Section 25 Township 19 SOUTH Range 30 EAST, NMPM, Eddy County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ PROGRESS PETROLEUM CO - TRUCKS	Address (Give address to which approved copy of this form is to be sent) 4001 FENBROOK ODESSA, TX 79762	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 25
	Twp. 19S	Rge. 30E
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (E, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

III. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

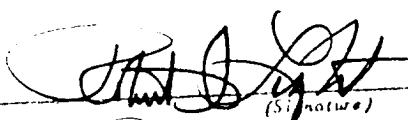
Date First Test - Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.


(Signature)
PRESIDENT
(Title)
8-20-84
(Date)

OIL CONSERVATION DIVISION

AUG 22 1984

APPROVED _____, 19__

BY Mike Williams
OIL AND GAS INSPECTOR

TITLE _____

This form is to be filed in compliance with RULE 1106.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.