

|                    |                                     |
|--------------------|-------------------------------------|
| NO. OF WELLS OWNED |                                     |
| CONTRIBUTION       |                                     |
| SANTA FE           | <input checked="" type="checkbox"/> |
| FILE               | <input checked="" type="checkbox"/> |
| U.S.O.E.           | <input checked="" type="checkbox"/> |
| LAND OFFICE        | <input checked="" type="checkbox"/> |
| TRANSPORTER        | <input checked="" type="checkbox"/> |
| OPERATION          | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE  | <input checked="" type="checkbox"/> |
| Operator           |                                     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JUN -4 1987

O. G. D.  
ARTES. A. OFFICE

Barber Oil, Inc.

Address

P. O. Box 1658 Carlsbad, NM 88221

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                               |                        |
|-----------------|----------|--------------------------------|-------------------------------|------------------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease                 | Lease No.              |
| LeBow Federal   | 7        | North Hackberry-Yates/7 Rivers | State, Federal or Fee Federal | NM-06767               |
| Location        |          |                                |                               |                        |
| Unit Letter     | G        | 1980 Feet From The             | North Line and                | 1650 Feet From The     |
| Line of Section | 25       | Township                       | 19S                           | Range                  |
|                 |          |                                |                               | 30E, NMPM, Eddy County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |
| The Permian Corp.  | P. O. Box 1183 Houston, TX 77251   |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |
| NONE   |  |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. |
|  | I  | 25   |
|  |  | 19S  |
|  |  | 33E  |
| Is gas actually connected? When  |  |      |

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

## COMPLETION DATA

|                                    |                             |          |                 |          |              |                   |            |             |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------------|-------------------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen       | Plug Back         | Same Resv. | Diff. Resv. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.     |                   |            |             |
| Elevations (DF, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           | Post FD-3    |
|           |                      |           | 6-12-87      |
|           |                      |           | chg LT: PP   |

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 oil  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New 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            |

## 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.

BARBER OIL, INC.

President

(Signature)

(Title)

5/27/87

(Date)

## OIL CONSERVATION DIVISION

JUN 10 1987

APPROVED

Original Signed by

BY

Les A. Clements

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the devils  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of oil  
well name or number, or transporter or other such change of condiSeparate Forms C-104 must be filed for each pool in multi  
compleated wells.