

OIL CONSERVATION DIVISION
P. O. BOX 7000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe	
File	
Transporter	Oil
Operator	Gas

Barber Oil, Inc.

P. O. Box 1658 Carlsbad, NM 88221

Reason(s) for filing (Check proper box)

Oil Well ☐
Change in Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LeBow Federal	8	North Hackberry-Yates/7 Rivers	State, Federal or Fee Federal	NM-06767
Section	25	Township	19S	Range
Line	J	2090	Feet From The South	Line and 1659
Feet From The East	1650	Feet From The East	Eddy	30

TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐
Jadco Purchasing Corp.
Address (Give address to which approved copy of this form is to be sent)
6600 S. Yale Suite 1300 Tulsa, OK 74136

Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
NONE
Is gas actually connected? When

If 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	Re-work	Deepen	Plug Back	Same Hole, Different Completion
Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of test volume of load oil and must be equal to or exceed test volume for this depth or be for full 24 hours)

Producing Method (Flow pump, gas lift, etc.)	Date of Test	Casing Pressure	CHOKE SIZE
Producing Method (Flow pump, gas lift, etc.)	Tubing Pressure	Water - Bbls.	CHOKE SIZE
Producing Method (Flow pump, gas lift, etc.)	Oil - Bbls.	Gas - MCF	CHOKE SIZE

Producing Method (Flow pump, gas lift, etc.)	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Producing Method (Flow pump, gas lift, etc.)	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 is true and complete to the best of my knowledge and belief.

BARBER OIL, INC.

President

Signature

(Date)

6/1/89

OIL CONSERVATION DIVISION

APPROVED JUN 6 1989

ORIGINAL SIGNED BY
MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

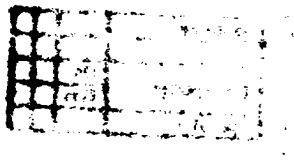
This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deeper 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 ownership, well name or number, or transporter, or other such change of condition.

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



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