

|            |                                     |
|------------|-------------------------------------|
| Oil        | <input checked="" type="checkbox"/> |
| Gas        | <input checked="" type="checkbox"/> |
| Condensate | <input checked="" type="checkbox"/> |
| Other      | <input type="checkbox"/>            |

|             |                                     |
|-------------|-------------------------------------|
| Santa Fe    |                                     |
| File        |                                     |
| Transporter | <input checked="" type="checkbox"/> |
| Operator    | <input checked="" type="checkbox"/> |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BARBER OIL, INC.

P. O. Box 1658 Carlsbad, NM 88221

(Check proper box)

|            |                          |
|------------|--------------------------|
| Oil        | <input type="checkbox"/> |
| Gas        | <input type="checkbox"/> |
| Condensate | <input type="checkbox"/> |
| Other      | <input type="checkbox"/> |

Change in Transporter of:

|            |                                     |
|------------|-------------------------------------|
| Oil        | <input checked="" type="checkbox"/> |
| Gas        | <input type="checkbox"/>            |
| Condensate | <input type="checkbox"/>            |

Dry Gas

Condensate

Other (Please explain)

Change of ownership give name  
Address of previous owner

## DESCRIPTION OF WELL AND LEASE

|               |                                   |                                |           |
|---------------|-----------------------------------|--------------------------------|-----------|
| Well No.      | Pool Name, Including Formation    | Kind of Lease                  | Lease No. |
| LeBow Federal | 10 North Hackberry-Yates/7 Rivers | State, Federal or Free Federal | NM-0676   |

Section P : 990 Feet From The South Line and 660 Feet From The EastRange 30E , NMPM, Eddy County

## LOCATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                          |                                                                          |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 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) |
| Jadco Purchasing Corp.                                                                                   | 6600 S. Yale Suite 1300 Tulsa, OK 74136                                  |
| Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>               | Address (Give address to which approved copy of this form is to be sent) |

|      |      |      |      |
|------|------|------|------|
| Unit | Sec. | Twp. | Rge. |
| I    | 25   | 19S  | 33E  |

Is gas actually connected? When

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 Heave | Drill New |
| Added                              | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |            |           |
| Sections (DF, RKB, RT, GR, etc.)   | 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 total volume of load oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

|                                               |                 |
|-----------------------------------------------|-----------------|
| Producing Method (Flow, pump, gas lift, etc.) | Choke Size      |
| Flow                                          | 6 1/4" - 8 1/2" |
| Casing Pressure                               | Choke Size      |
| Water - Hble.                                 | Gas - MCF       |

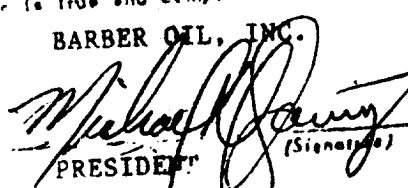
## GAS WELL

|                           |                           |                       |
|---------------------------|---------------------------|-----------------------|
| Length of Test            | Hble. Condensate/AMCF     | Gravity of Condensate |
| 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

(Date)

6/1/89

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 6 1989, 19

ORIGINAL SIGNED BY

BY MIKE WILLIAMS  
TITLE SUPERVISOR, DISTRICT 12This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the dev  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for  
able 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 conSeparate Forms C-104 must be filed for each pool in m  
recompleted wells.