

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED BY
JUN -4 1987

WELL NUMBER	
WELL TYPE	
WELL STATUS	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Barber Oil, Inc.

Address
P. O. Box 1658 Carlsbad, NM 88221

O. C. D.

ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Unit # 14-08-0001-16916

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Saladar Unit	3	Saladar-Yates	State, Federal or Fee Federal	

Location	Unit Letter	F	2310	Feet From The	North	Line and	1650	Feet From The	West
Line of Section	33	Township	20S	Range	28E	NMPM,	Eddy	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
K 33 20S 28E	NO

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	Some Restr.	Fill. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.E., E.H.P., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Restrictions			Depth Casing Shoe					

TUBING CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			6-12-87
			chg 67: HRC

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 tests for this depth or be for full 24 hours)

Well Number	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

Well Number	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test (Flow, shut-in, back prod.)	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 _____, 19

BY _____
Original Signed By
L. C. ClementsTITLE _____
Supervisor District II

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 deviate tests taken on the well in accordance with RULE 111.

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

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

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