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NO. OF COPIES RECEIVED	
DISTRIBUTION	NEW MEXICO OIL COM
SANTA FE /	REQUEST FO
F1_E /	
J.S.G.S.	AUTHORIZATION TO TRAN
LAND OFFICE	
TEANSPORTER GAS	
OFERATOR 12	
PRORATION OFFICE perator	
Barber Jil	C.C.
Adriess	
901 est Fic. Recson(s) for filing (Check proper bo	
Mew Well	Change in Transporter of:
Hecompletion	Cil II Dry Gas
thange in Ownership	Casinghead Gas Condense
change of ownership give name address of previous owner DESCRIPTION OF WELL AND	
Keyes	10-029 171- 0 / -aro
ocation.	
Unit Letter;;	310 Feet From The Line
Line of Section 7	ownship 20 Range
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GAS
Game of Authorized Transporter of C	or Condensate
Tane of Authorized Transporter of C Barber Cil inc. Tane of Authorized Transporter of C f well produces oil or liquids,	or Condensate
dame of Authorized Transporter of C 3arber Cil inc. lame of Authorized Transporter of C f well produces oil or liquids, give location of tanks. this production is commingled w	or Condensate asinghead Gas or Dry Gas Unit Sec. Twp. Rge.
Sarber Cil inc. Sarber Cil inc.	or Condensate asinghed Gas cr Dry Gas Unit Sec. Twp. Rge. J 15 20 30 with that from any other lease or pool, gi
Jarber Cil 1776. Jarber Cil 1776. Jarber Cil 1776. Jare of Authorized Transporter of C well produces oil or liquids, ive location of tanks. this production is commingled w OMPLETION DATA Designate Type of Complet	or Condensate asinghed Gas cr Dry Gas Unit Sec. Twp. Rge. J 15 20 30 with that from any other lease or pool, gi
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Jarber Cil inc. Jarber	asinghead Gas cr Dry Gas Unit Sec. Twp. Rge. J 15 20 30 30 vith that from any other lease or pool, given the complete C
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NSERVATION COMMISSION

Form C-104

SANTA FE /	REQUEST FOR ALLOWABLE Supersedes Old C-104 and (
FI_E /-	AND Effective 1-1-65				
J.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL (GAS		
LAND OFFICE					
TEANSPORTER GAS			ECCIVED		
DFERATOR		•			
PRORATION OFFICE Operator			CEO 1 MOE		
Barber Jil	=f:C•				
Address 901 Gest Fi	crce Carlsbad, ew e	exico			
Recson(s) for filing (Check proper b		Other (Please explain)			
Mew Well	(hange in Transporter of:				
Recompletion		Cart Cart	Tu Pipeline Ch.		
Change in Ownership	Casinghead Gas Zend	densate			
f change of ownership give name	Neil h. fils .c:	rer : Larls 30, sew sex	xico.		
DESCRIPTION OF WELL AN Levise Name	D LEASE Lease No. Well No. Fool	Name, Daluding Formation	Kind of Lease 20029171-0		
Keyes	10-029 171 -0 /	areer divers	State, Federal or Fee Soneral		
Location	·				
Unit Letter;;	2710 Feet From The to	ine and 311 Feet From	The est		
ine of Section	Township 30 Range	3.) , MMPM,	County County		
Line of Section	Township 20 number	**			
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	GAS Address (Give address to which appro	oved copy of this form is to be sent)		
		Uni West Fierce	aclson bew bexico		
3arber Cil inc.	Casinghead Gas or Dry Gas	901 Fest Fierce Address (Give address to which appro	oved copy of this form is to be sent)		
'f well produces oil or liquids,	Unit Sec. Twp. Rge.	Is as actually connected? Wi	hen		
give location of tanks.	J 1 15 20 1 30) one			
f this production is commingled	with that from any other lease or poo	ol, give commingling order number:			
COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Comple	tion - (X)				
Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.		
			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	To: Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
Chicherana		_			
	TUBING, CASING, A	AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
OFFICE DATA AND DECITED	FOR ALLOWARIE (Task must b	e after recovery of total volume of load of	l and must be equal to or exceed top allo		
TEST DATA AND REQUEST OIL WELL	able for this	raepth or be for full 24 hours;			
Date First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas	lift, etc.)		
	The Desire of the Control of the Con	Casing Pressure	Choke Size		
Length of Test	Tubing Pressure	Outsing Freesand			
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF		
			·		
GAS WELL	Length of Ton	Bbis. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	pula, ochdenadte/Miktor	S. C , C. Sondonisals		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
tearrid Method (bross once but)		_			
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION		
CLRIFICATE OF COMPLI	.a. (36 5		
		I ADDROVED PEU I	70 <i>8</i>		

I hereby certify that the rules and regulations of the Oil Conservation.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

1311-X	21
Fresiont	

(Title)

11-23-65 (Date)

APPROV	ED	OFC	1965	, 19
37 37		7.	1/2014	
TITI F	113.1	: -		

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 deviation 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 transporter, or other such change of condition.

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