

OIL CONSERVATION DIVISION

P.O. BOX 2000
SANTA FE, NEW MEXICO 87501

MAY 21 1987
REQUEST FOR ALLOWABLE
OIL AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AS APPLIED RECEIVED	
DISTRIBUTION	
SALES	
FILE	
LEGAL	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

BARBER OIL, INC.

Address

P. O. BOX 1658 CARLSBAD, NM 88221-1658

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

LC-029171-C

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
KEYES FEDERAL	5	P.C.A. - YATES	State, Federal or Fee FEDERAL	
Location				
Unit Letter	E	1650 Feet From The	NORTH Line and	990 Feet From The
Line of Section	15	Township	20S Range	30E
			NMPM,	EDDY
				County

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Transporter of Oil (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)
JADCO PURCHASING CO.	4606 E. 67TH, BLDG 7, STE 403, TULSA, OK 74136
Name of Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
NONE	
Is gas actually connected?	When
NO	

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DE, RAB, RT, GR, 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
			5-29-87
			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)

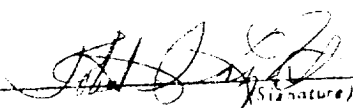
Time First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, 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.



PRESIDENT

(Title)

5/20/87

(Date)

OIL CONSERVATION DIVISION

MAY 29 1987

APPROVED

BY

Original Signed By

Mike Williams

TITLE

Oil & Gas Inspector

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

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 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 condition.

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