

STATE OF NEW MEXICO
 OIL AND MINERALS DEPARTMENT

| | |
|---------------------|--|
| REGISTRATION OFFICE | |
| DISTRIBUTION | |
| SANTA FE | |
| ALBUQUERQUE | |
| EL PASO | |
| LEA COUNTY OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| REGISTRATION OFFICE | |

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-104
 Revised 10-1-78

RECEIVED
 JAN 24 '89
 O. C. D.
 ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BARBER OIL, INC. ✓

Address
 P. O. BOX 1658 CARLBAD, NM 88221-1658

Reason(s) for filing (Check proper box)

| | |
|---------------------|--------------------------|
| New Well | <input type="checkbox"/> |
| Recompletion | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> |

Change in Transporter of:
 Oil Dry Gas
 Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| STATE 'A' | 4 | BARBER-YATES | State, Federal or Fee STATE | B-42386 |

Location
 Unit Letter J : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST

Line of Section 17 Township 20S Range 30E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
 The Permian Corp. Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1183 Houston, TX 77251

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 NONE Address (Give address to which approved copy of this form is to be sent)
 N/A

Is well produces oil or liquids, give location of tanks.
 Unit E Sec. 20 Twp. 20S Rge. 30E Is gas actually connected? NO When

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 | Same Test | Diff. Test |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.S.T.D. | | | | | |
| Decorations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Decorations | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|---------------------------------------|
| | | | Post I.D.-3 1-27-89 chg WT: IPC |

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 of hole for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil 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

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | 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.

Michael J. Jany
 (Signature)
 PRESIDENT
 (Title)
 1/9/89
 (Date)

OIL CONSERVATION DIVISION
 JAN 26 1989

APPROVED _____, 19____
 BY Original Signed By
Mike Williams
 TITLE _____

This 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 wells 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 conditions.
 Separate Forms C-104 must be filed for each pool in newly recompleted wells.