

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED

JAN 24 '89

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

NO. OF COPIES REQUIRED	
DISTRIBUTION	
MAILAGE	
FILE	
NO. OF COPIES	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

BARBER OIL, INC. ✓

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

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name  
and address of previous owner

LC-029096-C

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
COLGLAZIER	2	BARBER-YATES	State, Federal or Free FEDERAL	
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	2310	NORTH	2310
				EAST
Line of Section	Township	Range	County	
20	20S	30E	EDDY	

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of 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)
The Permian Corp.	P. O. Box 1183 Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit E Sec. 20 Twp. 20S Rge. 30E	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	Same Res'ty.	Diff. Res'ty.
Core Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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  
able 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

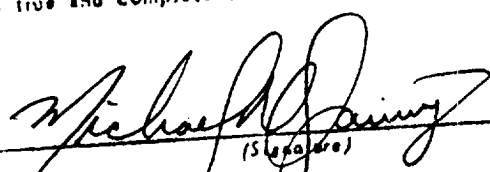
## GAS WELL

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.

PRESIDENT



(Title)

1/9/89

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 26 1989

BY Original Signed By  
Mike WilliamsTITLE  
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  
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 con  
Separate Forms C-104 must be filed for each pool in m  
recompleted wells.