

RECEIVED OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 05 '89

REQUEST FOR ALLOWABLE
AND

O. C. D.
ARTESIAN REGULATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

BARBER OIL, INC.

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

Reason(s) for filing (Check proper box)

Well	☐
Completion	☐
Change in Ownership	☐

Change in Transporter of:

Oil	☒	Dry Gas	☐
Casinghead Gas	☐	Condensate	☐

Other (Please explain)

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
STOVALL-WOOD	1	BARBER-YATES	State, Federal or Fee FEE	
Section	Line	Range	Feet From The	Feet From The
C	660	NORTH	1980	WEST
Line of Section	Township	Range	NMPM	EDDY
20	20S	30E		

REGISTRATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Jadco Purchasing Corp.	6600 S. Yale Suite 1300 Tulsa, OK 74136					
Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
NONE						
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	20	20S	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'tv.	Diff. R
Well Cased	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Wellbore (D.F., R.A.B., R.T., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Page 1 of 3
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size 6 7/8" 1000
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (Shot-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 herein is true and complete to the best of my knowledge and belief.

PRESIDENT

6/1/89

(Date)

OIL CONSERVATION DIVISION

JUN 6 1989

APPROVED

BY

TITLE

ORIGINAL SIGNED BY

MIKE WILLIAMS

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 deep well, this form must be accompanied by a tabulation of the data 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 data.
Separate Forms C-104 must be filed for each pool in newly completed wells.

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