

STATE OF NEW MEXICO  
TOLSON AND MINISTERS DEPARTMENT

OIL 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 GAS

O. C. D.  
ARIESIA OFFICE

DATE					
BY	OF	DATE			
DISTRIBUTION					
NAME					
FILE					
U.S.					
OFFICE					
TRANSPORTER		DIL			
		SA6			
OPERATOR					
OPERATION OFFICE					
INQUIRY					

BARBER OIL, INC.

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

For filing (Check proper box)

Change in Ownership	<input type="checkbox"/>	Change in Transporter of:	
New Well	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

Change of ownership give name  
and address of previous owner \_\_\_\_\_

### DESCRIPTION OF WELL AND LEASE.

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Well Name				State, Federal or Fee	FEE
STOVALL-WOOD		2	BARBER-YATES		

Location NORTH 2310 Feet From The WEST

Unit Letter F ; 2310 Feet From The NORTH Line and 2310 Feet From The \_\_\_\_\_  
Line of Section 20 Township 20S Range 30E , NMPM, EDDY County \_\_\_\_\_

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ☐ or Condensate ☐

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Box 1183 Houston, TX 77251	
The Permian Corp.					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>						
NONE					Is gas actually connected? When	
					NO	
If well produces oil or liquids, give location of tanks.					connecting order number:	
Unit	Sec.	Twp.	Rge.			
E	20	20S	30E			

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

COMPLETION DATA

This production is commingled with that from any other well.									
<b>COMPLETION DATA</b>									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Wire Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Corrosions (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT
WELL NO.	CASING & TUBING SIZE	DEPTH SET	
			Post ID-3
			1-22-89
			chgt by: JPC

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 level for this depth or be for full 24 hours)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Cable Size
Length of Test	Tubing Pressure	Water - Bbls.	Gcs - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method, (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

OIL CONSERVATION DIVISION

**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.

~~P~~RESIDENT

(7110)

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1969, 19

BY \_\_\_\_\_ Original Signed By  
Mike Williams

TITLE \_\_\_\_\_

This form is to be filled 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 deviate tests taken on the well in accordance with RULE 111.  
This form must be filled out completely for a

All sections of this form must be filled out completely for a well, this form may be used for recompleted wells as well as tests taken on the well in accordance with ROU-2.

able on new and recompleted wells.

and VI for changes of

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of record. Separate Forms C-104 must be filed for each pool in multiple completed wells.