

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY SANTA FE, NEW MEXICO 87501

FEB 21 1985

REQUEST FOR ALLOWABLE  
AND  
O. C. D.  
ARTESIA OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BARRIER OIL, INC.

P.O. Box 1688 CARLSBAD, NM 88221

Season's for filing (Check proper box)

New Well ☐ Charge in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name: STATE "A" Well No.: 1 Pool Name, including Formation: BARRIER SEVEN RIVERS Kind of Lease: STATE Lease No.: B-2386

Location: Unit Letter: 0 : 330 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 20S Range 30E, NMPL, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): JAWATO REFINING CO. P.O. Box 159 ARTESIA, NM 88008  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): NONE

If well produces oil or liquids, give location of tanks: Unit: E Sec: 20 Twp: 20S Rge: 30E Is gas actually connected? when

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'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Deviation (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Deviation 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 lead oil and must be equal to or exceed top allowable 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/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Bhnt-in) Casing Pressure (Bhnt-in) Choke Size

CERTIFICATE OF COMPLIANCE

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. [Signature]  
VICE PRESIDENT  
2/25/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1985  
BY: Leslie A. Clements  
TITLE: Supervisor

This form is to be filed in compliance with RULE 1102.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.