

JAN 24 '89

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

LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
GENERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

BARBER OIL, INC. ✓

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 COLGLAZIER	Well No. 1	Pool Name, including Formation BARBER-YATES	Kind of Lease State, Federal or Fee FEDERAL	Lease No.
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Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EASTLine of Section 20 Township 20S Range 30E , NMPM, 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)

The Permian Corp.

P. O. Box 1183 Houston, TX 77251

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

N/A

If well produces oil or liquids,  
give location of tanks.

Unit	Sec.	Twp.	Rge.
E	20	20S	30E

Is gas actually connected? ☐ When ☐

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. Re
Core Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RAB, 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
			Part ID-3
			1-27-89
			chgt: 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 of  
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.)	
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

(Date)

(Date)

## OIL CONSERVATION DIVISION

APPROVED

JAN 23 1989

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 devi-  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o-  
well name or number, or transporter or other such change of condSeparate Forms C-104 must be filed for each pool in mu-  
recompleated wells.