

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

MAY 26 1987
REQUEST FOR ALLOWABLEAUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA OFFICE

BARBER OIL, INC.

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

Reason for filing (Check proper box)

☐ New Well
☐ Recombination
☐ Change in Ownership

Change in Transporter of:

☒ Oil
☐ Gas
☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
COLGLAIZER	2 BARBER - SEVEN RIVERS	State, Federal or Fee	FEDERAL LC-029096-C
Location			
Unit	G	2310	Feet From The NORTH Line and 2310 Feet From The EAST
Line	20	Township	20S Range 30E, NMPM, EDDY

DESCRIPTION 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.	4606 E. 67TH BLDG. 7 STE. 403 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	
Is gas actually connected?	When
NO	

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

Completion Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Name of Producing Formation	Top Oil/Gas Pay		Testing Depth					
			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

ROD SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			5-29-87
			chg. WT. NRC

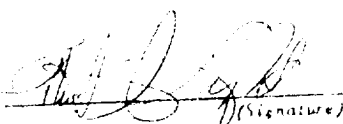
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable at this depth or be for full 24 hours)

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Casing Pressure	Grav. of Condensate
		Water-Bbls.	Gas-MCF

Length of Test	Dbls. Condensate/MCF	Grav. of Condensate
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 is true and complete to the best of my knowledge and belief.



PRESIDENT

(Title)

5/20/87

(Date)

OIL CONSERVATION DIVISION

MAY 29 1987

APPROVED

BY

Original Signed By

Mike Williams

TITLE

Oil & Gas Inspector

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of gas well; name or number, or transporter or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.