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TRANSPORTER	OIL 1 GAS
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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NOV 22 1965

Barber Oil Inc.

Address
901 West Pierce Carlsbad, New Mexico

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Oil ☒ Dry Gas ☐
Reopening Well ☐ Oil ☐ Gas ☐
Change in ownership ☐ Gas ☐ Condensate ☐

Other (Please explain)

Change in operating ownership from
to Barber Oil Inc.

If change of ownership give name and address of previous owner
Neil H. Mills Carlsbad, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ocl. Lazier	Well No. 3	Acad Name, including Formation Barber Pool Seven Rivers	Kind of Lease LC-029096-C State, Federal or Free Federal
Location Main Letter U 1650 Feet from The North Line and 2310 Feet from The East Line of Section 20 Township 20 Range 30 NMPM Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Barber Oil Inc.	Address (Give address to which approved copy of this form is to be sent) 901 West Pierce Carlsbad, New Mexico					
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Dep. 20	Range 30	Is gas actually connected? None	When

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

IV. 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 Comp. Ready to Prod.		Total Depth		P.R.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Performance					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

President (Title)

11-17-65 (Date)

OIL CONSERVATION COMMISSION

NOV 22 1965

APPROVED , 19

BY M. L. Armstrong

TITLE 62 000 000 1000000

This form is to be filed in compliance with RULE 1104.

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 Sections I, II, III, and VI only 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 multiply completed wells.