

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS

JUN -4 1987

Barber Oil, Inc.

O. C. D.

P. O. Box 1658 Carlsbad, NM 88221

ARTESIA, OFFICE

Reasons for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Unit # 14-08-0001-016916

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Saldar Unit	12	Saladar-Yates	State, Federal or Fee	
Location				
Unit Letter	K	1980 Feet From The	South	Line and 1980 Feet From The West
Line of Section	33	Township	20S	Range 28E, 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						
If well produces oil or liquids, give location in tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	33	20S	28E		

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hole	Drill New
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (L.S., R&B, 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
			Post ID-3
			6-12-87
			chg LT: MRC

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)

Length of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, 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.

BARBER OIL, INC.

PRESIDENT

5/27/87

(Date)

OIL CONSERVATION DIVISION
JUN 10 1987

APPROVED

Original Signed By

BY

Les A. Clements

TITLE

District II

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 deviated 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 conditions.

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