

STATE OF NEW MEXICO
OIL AND MINERAL DEPARTMENT

OIL CONSERVATION DIVISION

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

Santa Fe	
File	
Transporter	Oil
Operator	Gas

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Barber Oil, Inc.

P. O. Box 1658 Carlsbad, NM 88221

Other (Please explain)

Reason(s) for filing (Check proper box)

☐ New Well
☐ Completion
☐ Change in Ownership

Change in Transporter of:

☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name LeBow Federal	Well No. 6	Pool Name, including formation North Hackberry-Yates/7 Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. NM-06767
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Section **25** Township **19S** Range **30E**, NMFL, **Eddy** County
 Unit Letter **I** : **2310** Feet From The **South** Line and **660** Feet From The **East**

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 6600 S. Yale Suite 1300 Tulsa OK 74136
Signature of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	
Well produces oil or liquids, or location of tanks.	Is gas actually connected? NO When

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

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Re-entry <input type="checkbox"/> Drill Re-entry <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Location (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Location	Top Oil/Gas Pay
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil volume for this depth or be for full 24 hours)

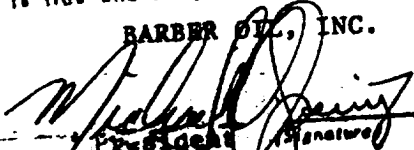
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test - MCF/D			
Casing 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.

BARBER OIL, INC.


 Michael J. Spring
 President
 6/1/89
 (Date)

OIL CONSERVATION DIVISION
JUN 6 1989
 APPROVED _____
 BY **MIKE WILLIAMS**
 SUPERVISOR, DISTRICT II

This form is to be filled 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 dev tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of content.
 Separate Forms C-104 must be filled for each pool in multiple completed wells.

