

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

Barber Oil, Inc. ✓

Address

P. O. Box 1658 Carlsbad, NM 88221

O. C. D.

ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LeBow Federal	8	North Hackberry-Yates/7 Rivers	State, Federal or Fee Federal	NM-06767
Location				
Unit Letter	J	2090 Feet From The	South	Line and
				1650
				1659
				Feet From The
				East
Line of Section	25	Township	19S	Range
				30
				33E
				NMPM,
				Eddy
				County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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)					
The Permian Corp.	P. O. Box 1183 Houston, TX 77251					
Name 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						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	25	19S	30E		

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	Recomplete	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, 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
			Post ID-3
			6-12-87
			chg LT: PP

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 oil  
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 (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

(Signature)

5/27/87

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 10 1987

BY Original Signed By

Les A. Clements

Supervisor District II

TITLE  
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 allow-  
able 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 condition.  
Separate Forms C-104 must be filed for each pool in multiply  
completed wells.