	-				
NO. OF COPIES RECEIVED 5					
	_		ONSERVATION COMMISSI		
SANTA FE		REQUEST	FOR ALLOWABLE	Supersedes Effective 1	Old C-104 and C-1. -1-65
U.S.G.S.		HORIZATION TO TRA	NSPORT OIL AND NAT	FURAL GAS	
LAND OFFICE	//01	Hold ZATION TO TRA			
IRANSPORTER GAS			WW	RECE	IVED
PRORATION OFFICE				SEP 2	1965
Gerator Barber Oil Inc.				5 . U	ga ang ang ang ang ang ang ang ang ang a
Address 901 West Pierce	Garls	ad, New Mexico		ARTERUS	1
Reason(s) for filing (Check proper be			Other (Please exp	olain)	
New Well	-	e ir. Transporter of:		operating ownership	
Recompletion Thomae in Ownership	ull Jasiri	nhead Gas Concen		H. Wills to B arbo	
			- Them	fills to He	us Id
If change of ownership give name and address of previous owner	Neil H	Wills-Drawer W-0	Carlsbad, New Mexi	.00	
DESCRIPTION OF WELL AND	LEASE	Well No. Foci Nat	ne, Including Formation	Kind of Lease T	
Wills-Federal			ell Pool-Yates San		C-050797
Location	•	_			
Unit Letter <u>M</u> ; 66	U Fleet	From The <u>S</u>	e and F	eet From TheW_	
Line of Section 13 , T	oweship	2 0 S Ranue 28	E, NMPM,	Eddy	County
			6	-	
DESIGNATION OF TRANSPOI Name of Authorized Transporter of C		IL AND NATURAL GA r Condensate 📑		hich approved copy of this form	is to be sent)
Barber (1] The			901 West Pierce	Carlshad. New Mer	leo
Name of Authorized Transporter of C	asinghead Gas	cr Dry Gas	Address (Give address to wi	Carlsbad, New Mex hich approved copy of this form	is to be sent)
		Sec. Twp. Rije.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks,		13 205 28E			
If this production is commingled w	vith that from		give commingling order nu	mber:	
COMPLETION DATA			,		
Designate Type of Complet	ion $= (X)$	Oil Well Gas Well	New Well Workover E	Deepen Plug Back Same	Res'v. Diff. Res'v
Date Spudded		I. Ready to Frod.	Total Depth	P.B.T.D.	
			; 		
Peol	Name of P	oducing Formation.	Top Oil/Gas Pay	Tubing Depth	
Perforations		·		Depth Casing Shoe	
- chorations				0.00	
		TUBING, CASING, AND	CEMENTING RECORD	·····	······
HOLE SIZE	CAS	NG & TUBING SIZE	DEPTH SET	SACKS C	CEMENT
			<u> </u>		
TEST DATA AND REQUEST	FOR ALLO	WABLE (Test must be a)	fter recovery of total volume of	of load oil and must be equal to	or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Te	able for this de	pth or be for full 24 hours) Producing Method (Flow, pu		
End that new on multiplicates					
Length of Test	Tubing Pre	essure	Casing Pressure	Choke Size	
			Water, Phin		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas - MCF	
	l		L	<u>_</u>	
GAS WELL			r	·	
Actual Prod. Test-MCF/D	Length of	Test	Bbls, Condensate/MMCF	Gravity of Condens	ate
Testing Method (pitot, back pr.)	Tubing Pre	ssure	Casing Pressure	Choke Size	
- and method (puris) out is pres					
CERTIFICATE OF COMPLIA	NCE			NSERVATION COMMISS	ION
I hereby certify that the rules and			APPROVED	L.T. JOLINA	_, 19
Commission have been complied above is true and complete to the	with and th	at the information given	BY MS arm	us Troue	
acove is the and complete to th	Just of H	, anoniougo anu beitel.	UI - JAJA SALA	A	
_			TITLE	AB #PROKE +	
PLIN J.	21			filed in compliance with RL	
inst 240	nature)		well, this form must be	for allowable for a newly d accompanied by a tabulatio	n of the deviatio
President			tests taken on the well	l in accordance with RULE	111.
(1	"itle)		All sections of this able on new and recom	s form must be filled out con pleted wells.	npletely for allow
8-24-65			19	I II. III. and VI only for c	hanges of owner

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.

(Date)