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TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
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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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SEP 2 1965

Operator Barber Oil Inc.		
Address 901 West Pierce Carlsbad, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change in operating ownership From Neil H. Wills to Barber Oil Inc. From Wills to Wills Fed.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Neil H. Wills-Drawer W-Carlsbad, New Mexico**

DESCRIPTION OF WELL AND LEASE			
Lease Name Wills-Federal	Well No. 3	Pool Name, Including Formation Russell Pool-Yates Sand	Kind of Lease LC-050797 State, Federal or Fee Federal
Location Unit Letter G ; 1980 Feet From The N Line and 1980 Feet From The E			
Line of Section 13 , Township 20S Range 28E , NMPM, Eddy County			

SIGNATION 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 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)	
Well produces oil or liquids, location of tanks. Unit A Sec. 13 Twp. 20S Rge. 28E	Is gas actually connected? None	When

If 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	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
pudded	Date Compl.	Ready to Prod.	Total Depth	P.B.T.D.				
	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
ions					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST AND REQUEST FOR ALLOWABLE

(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)

New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
est	Tubing Pressure	Casing Pressure	Choke Size
During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
d (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

STATE OF COMPLIANCE

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

[Signature]
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 3 1965**, 19
BY *[Signature]*
TITLE **OIL AND GAS INSPECTOR**

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.