

REQUEST FOR ALLOWABLE
AND
ON TO TRANSPORT OIL AND NATURAL GAS

P. O. Box 798, Artesia, NM 88211-0798

(change of ownership give name and address of previous owner) Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

Description of Well and Lease		Well No.		Pool Name, Including Formation		Kind of Lease		Lease No.	
Lease Name		8		Russell-Yates		State, Federal or Fee		FED. LC-050797	
Wills Federal									
Location									
Unit Letter <u>A</u> : <u>996</u> Feet From The <u>N</u> Line and <u>1005</u> Feet From The <u>E</u>									
Line of Section <u>13</u> Township <u>20S</u> Range <u>28E</u> . NMPM, <u>Eddy</u> County									

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
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)		
If well produces oil or liquids, name location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	when

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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
			11-14-86
			why up

(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)

OIL WELL		DATE FOR THIS TEST: _____	
Date 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Ebat-in)	Coating Pressure (Ebat-in)	Choke Size

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

Operator

1711

1990

APPROVED NOV 10 1986 , 19

BY Original Signed By
Les A. Clements

TITLE Supervisor District 11

710- form is to be filed in compliance with NULC 1104.

If this is a request for alteration for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allocation of money and to complete walls.

1. The following are the names of the persons who have been appointed to the various committees of the Board of Directors of the American Telephone and Telegraph Company, for the year ending December 31, 1911: