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U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL
GAS

1

OPERATOR

2

PRORATION OFFICE

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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I. Operator

Barber Oil Inc. ✓

SEP 2 1965

Address

901 West Pierce Carlsbad, New Mexico

O. C. C.
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)

Change in operating ownership

from Neil H. Wills to Barber Oil Inc.

From Wills to Wills Fed.

If change of ownership give name and address of previous owner

Neil H. Wills-Drawer W-Carlsbad, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Wills-Federal

Well No.

21

Pool Name, Including Formation

Muswell Pool-Yates Sand

Kind of Lease

LC-050797

State, Federal or Fee

Federal

Location

Unit Letter

G

1656

Feet From The

North

Line and

1665

Feet From The

East

Line of Section

13

Township

20S

Range

28E

NMPM

Eddy

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

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 ☐ or Dry Gas ☐

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Range

Is gas actually connected?

When

Input

13

20S

28E

None

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

IV. 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.

Pool

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

V. 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 allowable for this depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure

Casing Pressure

Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Signature

President

Title

Date

0-24-65

OIL CONSERVATION COMMISSION

SEP 3 1965

APPROVED

BY

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 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.