NO. OF COPIES RECEIVED 5			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COM. USION	F 0 104
SANTA FE , /		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and (
FILE / /-		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATUR	AL GAS
LAND OFFICE		.1	
TRANSPORTER GAS GAS	-	w w	RECEIVED
OPERATOR 2		/N	
PRORATION OFFICE			0500 1005
Operator			SEP 2 1965
Barber Oil Inc.	·		
Address			ARTEBIA, OFFICE
901 West Fierce Ca Reason(s) for filing (Check proper be	rlsbad, New Mexico		
New Well	Change in Transporter of:	Other (Please explain,	
Recompletion	· .	Gas Change in oper	rating ownership
Change in Ownership	<del>-</del>	densate I Acres Y40	ills T-I to Turner
<b>—————————————————————————————————————</b>		_ N 1011 JA 4	Fed #2
If change of ownership give name and address of previous owner		er W Carlsbad. No	0 2000,
and address of previous owner			
DESCRIPTION OF WELL ANI	D LEASE		Wind of Longo
Lease Name		Name, Including Formation	Kind of Lease LC-050797 State, Federal or Fee Federal
Turner-Federal	-8 Rus	sell Pool-Yates Sand	Federal
Location.		1/50	Tilo må
Unit Letter <u>9</u> / ; 23	10 Feet From The North	Line and 1650 Feet I	From The West
1 /2 4 C 1/2 - 3 O	Township 205 Range	28E , NMPM,	Coun
Line of Section 7	Cownship 205 Range	202 / 100 00	sacy
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of C		Address (Give address to which	approved copy of this form is to be sent)
	•		
Parper in line.		901 West Pierce	Carlsbad, New Mexico
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	901 West Pierce Address (Give address to which	Carlshad, New Mexico approved copy of this form is to be sent)
Name of Authorized Transporter of C			
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas Unit Sec. Twp. Rge.	901 West Pierce Address (Give address to which Is gas actually connected?	Carlsbad, New Mexico approved copy of this form is to be sent)  When
Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
Name of Authorized Transporter of C  If well produces oil or liquids, qive location of tanks.  If this production is commingled to	Unit Sec. Twp. Rge.	Is gas actually connected?	When
Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?  None  None  Is give commingling order number	When
Name of Authorized Transporter of C  If well produces oil or liquids, qive location of tanks.  If this production is commingled to	Unit Sec. Twp. Rge.  13 205 28i  with that from any other lease or po	Is gas actually connected?  None  None of, give commingling order number	When
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If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete	Unit Sec. Twp. Rge.  13 205 28i  with that from any other lease or portain tion — (X)	Is gas actually connected?  None  ol, give commingling order number  New Well Workover Deepe	when  Plug Back   Same Res'v.   Diff. Re
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If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete Date Spudded	Unit Sec. Twp. Rge.  13 205 28i  with that from any other lease or portain tion — (X)  Date Compl. Ready to Prod.	Is gas actually connected?  None ol, give commingling order number New Well Workover Deeper	r: en Plug Back   Same Res'v.   Diff. Re
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If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete Date Spudded	Unit Sec. Twp. Rge.  13 205 28i  with that from any other lease or portain (X)  Date Compl. Ready to Prod.  Name of Producing Formation	Is gas actually connected?  None  None  New Well Workover Deeper Total Depth  Top Oil/Gas Pay	when Plug Back Same Res'v. Diff. Re P.B.T.D. Tubing Depth
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If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST	Unit Sec. Twp. Rge.  13 20S 28i  with that from any other lease or portation — (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  FOR ALLOWABLE (Test must b)	Is gas actually connected?  None  Ol, give commingling order number  New Well Workover Deeper  Total Depth  Top Oil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of located applications of the second second content of the second second content of the second	Plug Back Same Res'v. Diff. Re P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
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If well produces oil or liquids, give location of tanks.  If this production is commingled to COMPLETION DATA  Designate Type of Complete Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Frod. Test-MCF/D  Testing Method (pitot, back pr.)	Unit Sec. Twp. Rge.  13 20S 28i with that from any other lease or portation — (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  FOR ALLOWABLE (Test must be able for this Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure	Is gas actually connected?  None  ol, give commingling order number  New Well Workover Deeps  Total Depth  Top Oil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of local depth or be for full 24 hours)  Producing Method (Flow, pump, Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure	Plug Back   Same Res'v.   Diff. Re P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  And oil and must be equal to or exceed top all gas lift, etc.)  Choke Size  Gravity of Condensate  Choke Size
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## VI.

8-25-65

President

(Date)

(Title)

TITLE \_ \*\* \*## 0## /##PECTOL

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.  $\,$