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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OMC-101 and C-110
Effective 1-1-65

RECEIVED

SEP 21 1977

Operator Barber Oil, Inc. ✓		O. C. C.	
Address P.O. Box 1658 Carlsbad, NM 88220		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐		
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☒			

If change of ownership give name and address of previous owner Geo. D. Riggs Box 115 Carlsbad, NM 88220

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mayfield-Federal	Well No. 2	Pool Name, including Formation Saladar-Yates	Kind of Lease State, Federal or Fee Federal	Lease No. LC-002254-A
Location Unit Letter 0 ; 660 Feet From The South Line and 2310 Feet From The East Line of Section 33 Township 20S Range 20E, NMCM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None Produced	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 0	Sec. 33
	Twp. 20S	Rge. 20E
	Is gas actually connected? When	

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.					
Elevations (DF, RKB, RT, GR, 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					

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	Lbbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Robert S. Light
(Signature)
President

9-20-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1977
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 portions of this form must be filled out carefully for allowable to be considered complete.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change or evaluation.