WO. DF COPIES RECEIVED	_	~.	
DISTRIBUTION		ONSERVATION CC ISSION FOR ALLOWABLE	Form C+104 Supersedes Old C-104 and C+110
FILE		AND	
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	
IRANSPORTER OIL			4UG 14 1980
GAS			0 0 D
OPECATION OFFICE			O. C. D. ARTESIA, OFFICE
Barber 0i1, Inc.	/		
Address			
	arlsbad, NM 88220		
Reason(s) for filing (Check proper box)		Other (Please explain) Chan well No.	ge in lease name &
New Well Recompletion	Change in Transporter of: Cil Dry Ga	- 01d No. NM 03277.	Hughes #5
Change in Ownership	Casinghead Gas Conden		
If change of ownership give name			
and address of previous owner			nit #14 08 0001 16916
1. DESCRIPTION OF WELL AND I	EASE Veli No., Pocl Name, Including Fo		Lease No.
SALADAR UNIT	8 SALADAH	R YATES State, Føderal o	r Fee Federal
Location N 990	Feet From The South Lin	e and Feel From Th	. West
	• • •	•	ddy County
I. DESIGNATION OF TRANSPORT		<u>-</u>	
Name of Authorized Transporter of Cil 👔 or Condensate 🗍 Address (Give address to which approved copy of this form is to be sent)			
Navajo Crude Oil Purchasing Co. P.O. Box 175 Artesia, NM 88210			NM 88210
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) None Produced			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. K 33 208 28E	Is gas actually connected? When	
If this production is commingled with V. COMPLETION DATA	n that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Completion			
Date Spudiod	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elovations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			······
		<u> </u>	
V. TEST DATA AND REQUEST FO OIL WELL		fter recovery of total volume of load oil ar pth or be for full 24 hours)	nd must be equal to or exceed top allou-
Date First New Oil Run To Tonks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	tentif Lignarda		Δ
Actual Pred. During Teet	Oil-Bbls.	Water - Bble.	Gas-MCF
I		d,,,,,,,,,,,,	
GAS WELL Actual Prog. Test-MCF/D	Length of Test	Bbls. Condeneate/MMCF	Gravity of Condensate
Testing listhed (piror, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
1 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.		APPROVEDDEC 10 1800.	
		~ Whe Williams	
(ALA XIII)		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	
President		tests taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for allow-	
(Tule)		able on naw and recompleted wells.	
8-12-80		Fill out only Sections I, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must	he filed for each pool in multiply