

RECEIVED

JAN 24 '89

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

REGISTRATION	
TRANSPORTER	
GENERATOR	
REGISTRATION OFFICE	

BARBER OIL, INC. ✓

P. O. BOX 1658 CARLSBAD, NM 88221-1658

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name  
of address of previous owner

LC-029171-C

## DESCRIPTION OF WELL AND LEASE

Well Name	KEYES	Well No.	1	Pool Name, Including Formation	P.C.A.-YATES	Kind of Lease	State, Federal or For FEDERAL	Lease No.	
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Section 15 Township 20 SOUTH Range 30 EAST NMPM, EDDY CountyWell Letter F ; 2310 Feet From The NORTH Line and 2310 Feet From The WEST Line of Section 15 Township 20 SOUTH Range 30 EAST , NMPM, EDDY County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp.	P. O. Box 1183 Houston, TX 77251
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)
NONE	N/A

Well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.
J	15	20S	30E

Is gas actually connected? NO 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 Restv.	Diff. Restv.
Spudded								
Date Spudded								
Date Compl. Ready to Prod.								
Producing Formation								
Top Oil/Gas Pay								
Depth Casing Shoe								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post #D-3
			1-27-89
			chg. LTI: JPC

## 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 of hole for this depth or be for full 24 hours)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

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

PRESIDENT

(Signature)

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 26 1989, 19BY Original Signed By  
Mike Williams

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

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

Separate Forms C-104 must be filed for each pool in uncompleted wells.