

RECEIVED

OIL CONSERVATION DIVISION
P. O. BOX 2088Form C-104
Revised 10-1-78

JUN 05 '89

SANTA FE, NEW MEXICO 87501

O. C. D.
ARTESA OFFICEREQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

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
and address of previous owner

LC-029171-C

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
KEYES	1	P.C.A.-YATES	State, Federal or Fee FEDERAL	

Location
Unit 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

Signature of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Jadco Purchasing Corp.	6600 S. Yale Suite 1300 Tulsa, OK 74136
Signature of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A
Well produces oil or liquids, or location of tanks.	Is gas actually connected? When
Unit: <u>J</u> Sec. <u>15</u> Twp. <u>20S</u> Rge. <u>30E</u>	NO

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	☒	☐	☐	☐	☐	☐	☐	☐
Well Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Locations (DF, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Corrosion					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

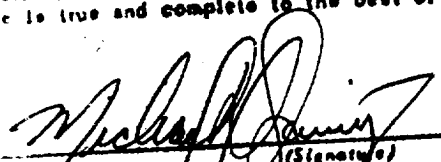
Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Oil First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>6 9-80</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>ONE LT. PER.</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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.


(Signature)
PRESIDENT
(Title)
6/1/89
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 5 1989, 19
BY MIKE WILLIAMS
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 device
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
wells 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 condi-

Separate Forms C-104 must be filed for each pool in mul-
tiple completed wells.

02/03/2018

02/03/2018

02/03/2018

02/03/2018

02/03/2018