NO. OF COPIES RECE	IVED	14				
DISTRIBUTIO	N			NEW MEXICO OIL CON	SERVATION COM	M
SANTA FE		ì		REQUEST FO	OR ALLOWABLE	
FILE			L_		AND	
U.S.G.S.		<u> </u>		AUTHORIZATION TO TRANS	SPORT OIL AND	ŀ
LAND OFFICE					_	
TRANSPORTER	OIL	i		, , , , ,	STIV .	!
	GAS					
OPERATOR		!			1 1 X 7 1	
PRORATION OF	ICE	<u> </u>	<u> </u>			
Operator		,	_			
Barber Oil	Inc.					
Address				· A A.		
901 W. Pie				Carlstad, N. M. 13920	10.1	
Reason(s) for filing	(Check p	rope	r box,	,	Other (Plea	5 6
New Well	\square			Change in Transporter of:		
Recompletion				Oil F. Dry Gas		
Change in Ownership	p			Casinghead Gas Condenso	ite	_
DESCRIPTION O				LEASE Well No.: Pool Name, Including Forr	nation	
DESCRIPTION O				LEASE Well No. Pool Name, Including Form 3 P.C.A.	nation	
DESCRIPTION O	F WEL	L A	ND]	Well No. Pool Name, Including Forr		
DESCRIPTION O Lease Name Keyes Location	F WEL	L A	19	Well No. Pool Name, Including Form 3 P.C.A. Feet From The Line of		``\
DESCRIPTION O Lease Name Keyes Location Unit Letter Line of Section	15 F TRA	L A	IG Tov	Well No. Pool Name, Including Form 3 P.C.A. Line of Manage TER OF OIL AND NATURAL GAS	and <u>IJJC</u> 3DE , NME	
Lease Name Keyes Location Unit Letter	15 PF TRA	NSI	Tov	Well No. Pool Name, Including Form 3 P.C.A. C Feet From The Line with the Pool Name, Including Form Range TER OF OIL AND NATURAL GAS Or Condensate	and <u>III</u> , NMF	s
Lease Name Keyes Location Unit Letter	15 PF TRA Transpore 011	ANSI	Tov	Well No. Pool Name, Including Form 3 P.C.A. C Feet From The Line of Range TER OF OIL AND NATURAL GAS (Assing)	and <u>IGSC</u> 30E, NME Address (Give addres	5
DESCRIPTION O Lease Name Keyes Location Unit Letter/J Line of Section DESIGNATION O Name of Authorized Navirio Crud	15 PF TRA Transpore 011	ANSI	Tov	Well No. Pool Name, Including Form 3 P.C.A. C Feet From The Line of Range TER OF OIL AND NATURAL GAS (AS 10) (Sasingle and Gas or Dry Gas)	and GC , NMF Address (Give addres North Freeman Address (Give addres	s
DESCRIPTION O Lease Name Keyes Location Unit Letter/J Line of Section DESIGNATION O Name of Authorized Navirio Crud	15 OF TRA Transpo e)il Transpo or liquid	NSI Pu	Tov	Well No. Pool Name, Including Form 3 P.C.A. C Feet From The Line of Range TER OF OIL AND NATURAL GAS ASSING Singhead Gas or Dry Gas Including Form Or Proceedings of Dry Gas Included Form Or Proceedings of Dry G	and <u>IGSC</u> 30E, NME Address (Give addres	s !
Lease Name Aeyes Location Unit Letter Line of Section DESIGNATION O Name of Authorized Navajo Crud Name of Authorized If well produces oil give location of tani If this production i	15 PF TRA Transpo e)il Transpo or liquicks.	NSI Purter of Purcer of States,	Tov	Well No. Pool Name, Including Form P.C.A. Peet From The Line winship Range TER OF OIL AND NATURAL GAS ASING singhead Gas or Dry Gas Unit Sec. Twp. Rage. Unit Sec. Twp. Rage. 15 20 20 20 20 20 20 20 20 20 20 20 20 20	and Give addres Address (Give addres North Freeman Address (Give addres Is gas actually conne	s
DESCRIPTION O Lease Name Keyes Location Unit Letter/J Line of Section DESIGNATION O Name of Authorized Name of Authorized If well produces oil give location of tan	15 PF TRA Transpo e 111 Transpo or liquicks.	ANSI Puorter o	Toy POR' POR' Por Care and with the control of Care and with the control of Care and the c	Well No. Pool Name, Including Form 3 P.C.A. C Feet From The Line waship 200 Range TER OF OIL AND NATURAL GAS ASSITE singhead Gas or Dry Gas Unit Sec. Twp. Rge. 15 200 305 th that from any other lease or pool, gi	and USIC 30E , NMF Address (Give addres North Freeman Address (Give addres	s
DESCRIPTION O Lease Name Xeyes Location Unit Letter Line of Section DESIGNATION O Name of Authorized Navajo Crud Name of Authorized If wel. produces oil give location of tan: If this production i COMPLETION D	15 PF TRA Transpo e 111 Transpo or liquicks.	ANSI Puorter o	Toy POR' POR' Por Care and with the control of Care and with the control of Care and the c	Well No. Pool Name, Including Form P.C.A. C Feet From The Line Waship 200 Range TER OF OIL AND NATURAL GAS EASING Singhead Gas or Dry Gas Unit Sec. Twp. Rge. Unit Sec. Twp. Rge. Oil Well Gas Well On - (X) Oil Well Gas Well	and Give addres Address (Give addres North Freeman Address (Give addres Is gas actually conne	s

President

11-25-73

(Title)

(Date)

ISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65
FILE	ALITHODIA (TIO) - TO TO .		
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
TRANSPORTER GAS	7.	STIVED	
OPERATOR !		- 33 5 ™ 3	
PRORATION OFFICE			
Barber Oil Inc.			
Address 901 W. Pierce	Carlstad, N. M. 18820	All report for the Fig.	
Reason(s) for filing (Check proper box	,	Other (Please explain)	
New Well	Change in Transporter of: Oil	s	
Recompletion Change in Ownership	Casinghead Gas Conden		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Le	ase Lease No
Lease Name	Reil No. Pool Name, including re	State Fed	eral or Fee Federal LC-029171
Keyes Location			
Unit Letter J : 19	SC Feet From TheLin	e and <u>(4)0</u> Feet Fro	m The
Line of Section 15 To	wnship 200 Range	30E , _{nmpm} ,	Eddy County
	TER OF OIL AND NATURAL GA	ıs	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
Navajo Crude Dil Purch	asing	North Freeman Ave., A	proved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhedd Gds or Diy Gds	Address (Gibe dadress to which app	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If well produces oil or liquids, give location of tanks.	Unit Sec. Twr. Rge.	Is gas actually connected?	When
	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date spaaded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)
Tool Tool	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	. up.n.y . 1000 a.o		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIAN	NCE	-	EVATION COMMISSION
	completions of the Oil Companyation	APPROVED	, 19
Cainsign house been complied	regulations of the Oil Conservation with and that the information given	11/20	hessett
above is true and complete to the	ne best of my knowledge and belief.	ML AND GAS INSPI	
el /	^ /).	TITLE	in nomeliance with must seem
All to	a de F		in compliance with RULE 1104. Illowable for a newly drilled or deepene
y that I go	nature)	well, this form must be acco	weering by a tabiliation of the design.

well, this form must be accompanied by a tabulation of t 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 only Sections I, II, III, and VI 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.