

RECEIVED OIL CONSERVATION DIVISION
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 05 '89

REQUEST FOR ALLOWABLE
AND

O. C. D.
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

Check (s) for filing (Check proper box)

Oil Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒
Casinghead Gas ☐

Dry 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 KEYES Well No. 3 Pool Name, Including Formation P.C.A.-YATES Kind of Lease State, Federal or FEDERAL Lease No.

Section Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST

Range 30 EAST Township 20 SOUTH Range 30 EAST EDDY

LOCATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐

Jadco Purchasing Corp.

Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

NONE

Address (Give address to which approved copy of this form is to be sent)

6600 S. Yale Suite 1300 Tulsa, OK 74136

Address (Give address to which approved copy of this form is to be sent)

N/A

Well produces oil or liquids,
or combination of tanks.

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

Is gas actually connected?

NO

When

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 Res'ty. Diff. Res'ty.
Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Productions (DF, RAB, 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

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(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)

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.

AS 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

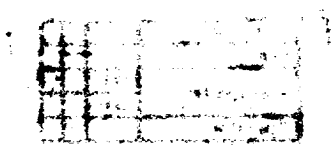
(Signature)

6/1/89
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1989
BY [Signature]
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 condition.
Separate Form C-104 must be filed for each pool in multi-completed wells.



RECEIVED

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