

NOV 9 '90

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

TYPE OF WELL	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.	
LAND OFFICE	
PRODUCER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
ADDRESS	

BARBER OIL, INC.

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

LC-029171-C

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
KEYES	5	P.C.A.-YATES	State, Federal or For FEDERAL	

Unit Letter	E	1650	Feet From The	NORTH	Line and	990	Feet From The	WEST	County
Line of Section	15	Township	20 SOUTH	Range	30 EAST	N.M.P.M.	EDDY		

SCURLOCK PERMIAN CORP EFF 9-1-91

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 15 Twp. 20S Rge. 30E	NO

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Directions (DF, RKB, 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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top of
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of
able for this depth or be for full 24 hours)

Date 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.
		Grav. of Condensate

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Grav. 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

11/8/90
(Date)

OIL CONSERVATION DIVISION

NOV 15 1990

APPROVED

BY ORIGINAL SIGNED BY

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 deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter or other such change of condSeparate Forms C-104 must be filed for each pool in mu
completed wells.