

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEX. CO 87501

REQUEST FOR ALLOWABLE
TULSA OIL AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DATE	
TIME	
BY	
OFFICE	
TELEPHONE	
MAIL ROOM	
RECORDS	
TRAINING	
GENERAL	
ADMINISTRATIVE	
OTHER	

BARBER OIL, INC.

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

Reason 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

DESCRIPTION OF WELL AND LEASE

LC-029171-C

Well No.	7	Pool Name, Including Formation	P.C.A. YATES	Kind of Lease	State, Federal or Fee	FEDERAL
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KEYES FEDERAL

Unit letter	F	1650	Feet From The	NORTH	Line and	2310	Feet From The	WEST
Line of Section	15	Township	20S	Range	30E	NMPM	EDDY	County

IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)
JADCO PURCHASING CORP.	4606 E 67TH, BLDG. 7, STE. 403 TULSA, OK 74136
Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
NONE	

Unit	J	Sec.	15	Twp.	20S	Rge.	30E	Is gas actually connected?	NO	When
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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	Some Rest'v.	Diff. Per.
Date Drilled	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Drill bits (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Calculations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post IP-3
			5-29-87
			chg WT: PP

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)

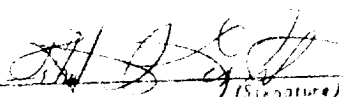
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Acc. Method During Test	Oil Rate	Water-Bbls.	Gas-MCF

GAS WELL

Acc. Method Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, 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 herein is true and complete to the best of my knowledge and belief.



PRESIDENT

(Signature)

5/20/87

(Date)

OIL CONSERVATION DIVISION

APPROVED	MAY 29 1987	19
BY	Original Signed By Mike Williams	
TITLE	Oil & Gas Inspector	

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 deviate 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 own well name or number, or transporter or other such change of conditions.

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