

RECEIVED

JAN 24 '89

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

REGISTRATION OFFICE	
DISTRIBUTION	
STATE	
COUNTY	
LOCALITY	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	

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 ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name KEYES Well No. 7 Pool Name, including Formation P. C. A. - YATES Kind of Lease State, Federal or Free FEDERAL Lease No. LC-029171-C

Location Unit Letter F : 1650 Feet From The NORTH Line and 2310 Feet From The WEST

Line of Section 15 Township 20 SOUTH Range 30 EAST, NMPL, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate The Permian Corp. Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas or Dry Gas NONE Address (Give address to which approved copy of this form is to be sent) N/A

Well produces oil or liquids, give location 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 Hole, Diff. Hole
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Locations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Locations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3
			1-27-89
			chg LT: JPC

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole 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.

GAS 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)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1989, 19

BY Original Signed By
Mike Williams

TITLE

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 dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.

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