

NOV 9 '90

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
CHIEF OF	

BARBER OIL, INC.

Address
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 ☒Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name STATE 'A'	Well No. 1	Pool Name, Including Formation BARBER-YATES	Kind of Lease State, Federal or Free STATE	Lease No. B-2386
Location Unit Letter <u>0</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>17</u> Township <u>20 SOUTH</u> Range <u>30 EAST</u> , NMPM, <u>EDDY</u> County				

SCURLOCK PERMIAN CORP EFF 9-1-91

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ 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					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 20S	Rge. 30E	Is gas actually connected? NO	When

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 Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RAB, RT, CR, 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
OIL 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>11-16-90</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>LT: JADEO</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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

APPROVED NOV 15 1990, 19

ORIGINAL SIGNED BY

BY MIKE WILLIAMS
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
well name or number, or transporter or other such change of condiSeparate Forms C-104 must be filed for each pool in mul
recompleted wells.