

NOV 9 '90

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

BARBER OIL, INC. ✓

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner

B-2386

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
STATE	2	BARBER-YATES	STATE	

Location	Unit Letter	Line and	Feet From The	Feet From The	County
	N	660	SOUTH	1980	WEST
Line of Section	17	Township	20 SOUTH	Range	30 EAST

NMPM, EDDY

**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 77251Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
NONEAddress (Give address to which approved copy of this form is to be sent)  
N/AIf well produces oil or liquids,  
give location of tanks.

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

Is gas actually connected? ☐ When ☐  
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.		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
						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 oil  
able for this depth or be for full 24 hours)

Oil Well	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Date First New Oil Run To Tanks		
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

posted 10-3  
11-16-90  
Eg LT: JADCO

Gas Well	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chase 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

BY ORIGINAL SIGNED 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 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  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transportation or other such change of conSeparate Form C-104 must be filed for each pool in multi  
completed wells.