

OIL CONSERVATION DIVISION
RECEIVED
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Santa Fe	
File	
Transporter	Oil
Operator	Gas

JUN 05 '89 REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.
AGRICULTURE OFFICE

BARBER OIL, INC.

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

Reasons for filing (Check proper box)

Change in Well	<input type="checkbox"/>
Completion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

Change in Transporter of:

Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Other (Please explain)

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE 'A'	4	BARBER-YATES	State, Federal or Fee STATE	B-2386

Section 17 Township 20S Range 30E NMPM, EDDY County

Letter J : 1650 Feet From The SOUTH Line and 2310 Feet From The EAST

TRANSPORTATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Jadco Purchasing Corp.	6600 S. Yale Suite 1300 Tulsa, OK 74136
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A

Well produces oil or liquids,
specification of tanks.

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

Is gas actually connected? NO When

If 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'v.	Diff. Res'v.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
Top Oil/Gas Pay								
Name of Producing Formation								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

MOLE 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)

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

Well	Length of Test	Bbls. Condensate/MCF	Grav. of Condensate
Prod. Test-MCF/D			
Shut-In Pressure (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
is true and complete to the best of my knowledge and belief.

PRESIDENT

(Signature)

(Date)

OIL CONSERVATION DIVISION

JUN 6 1989

APPROVED _____, 19

BY _____

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 devi
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for al
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ov
well name or number, or transporter or other such change of condi
Separate Forms C-104 must be filed for each pool in mul
recompleted wells.