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NOV 9 '90

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TO
ARTESIA, OFFICE

O. C. D.

BARBER OIL, INC.

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

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Incompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

LC-029096-C

DESCRIPTION OF WELL AND LEASE

Lease Name COLGLAZIER	Well No. 1	Pool Name, including Formation BARBER-YATES	Kind of Lease State, Federal or Fee FEDERAL	Lease No.
Location Unit Letter B ; 660 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 20 Township 20S Range 30E , NMPM, EDDY County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent) N/A
Does well produce 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'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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 all and must be equal to or exceed top allowable 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 11-16-90
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 17: JADEO

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Dbls. 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.

Michael J. ...
(Signature)

PRESIDENT

11/8/90

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 15 1990**

BY **DAVE WILLIAMS**

TITLE **SUPPLY AREA DIRECTOR**

This form is to be filled 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 wells 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 records.
 Separate Forms C-104 must be filled for each pool in multi-completed wells.