

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

RECEIVED BY

AUG 21 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASName of Operator BARBER OIL INC.Address P.O. Box 1658 CARLSBAD, NM 88220

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name COQUAZIEK Well No. 2 Pool Name, including Formation BARBER- SEVEN RIVERS Kind of Lease FEDERAL Lease No. CC-029096-CLocation Unit Letter G : 2310 Feet From The NORTH Line and 2310 Feet From The EASTLine of Section 20 Township 20S Range 30E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA TX 79762
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) NONEIf 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'ty. Diff. Res'ty.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Inventions (DE, RKB, ET, 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 oil 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 Post FO-3 8-24-84 Bkg. LT
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

AS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Casing 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.

Signature [Signature] (Date) 8-20-84
TITLE OIL AND GAS INSPECTOR
APPROVED AUG 22 1984, 19
BY [Signature]
TITLEThis 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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.