

OIL CONSERVATION DIVISION

RECEIVED BY
SANTA FE, NEW MEXICO 87501

MAY 26 1987

REQUEST FOR ALLOWABLE
W.O.D.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
REGISTRATION	☒
PAID	☒
DATE	
NAME OF OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
LOCATION	
OFFICE	

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:
Recompletion	☐	Oil ☒ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas ☐ Condensate ☐

Other (Please explain)

In change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

LC-029096-C

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
COLGLAZIER	3	BARBER - SEVEN RIVERS	State, Federal or Fee FEDERAL	

Location: Section G , 1650 Feet From The NORTH Line and 2310 Feet From The EASTLine of Section 20 Township 20S Range 30E , N.M.P.M. EDDY County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
JADCO PURCHASING CORP.	4606 E. 67TH BLDG 7 STE. 403 TULSA, OK 74136
Signature of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
NONE	

Is well produces oil or liquids, give amount of barrels	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	E	20	20S	30E	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 Hest. Diff. Res.
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Flowing (OP, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
			Depth Casing Shoe				

TUBING, CASING AND CEMENTING RECORD

HOSE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post FD-3
			5-29-87
			chg WT: NRC

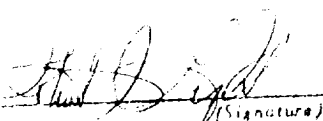
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excess top all
able for the depth or be for full 24 hours)

Flowing New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Flowing Test	Tubing Pressure	Casing Pressure	Choke Size
Flowing Test	Oil-Table	Water-Table	Gas-MCF

GAS WELL

Flowing Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Test-MCF/D (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.
(Signature)

PRESIDENT

(Title)

5/20/87

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1987, 19BY Original Signed By
Mike WilliamsTITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviated
logs 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 own
well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filled for each pool in multi-
completed wells.