

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

Santa Fe			
File			
Transporter		Oil	
Operator		Gas	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

BARBER OIL, INC.

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

Reason(s) for filing (Check proper box)

New Well ☐Completion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change of ownership give name
Address of previous owner

LC-029096-C

DESCRIPTION OF WELL AND LEASE

Well Name COLGLAZIER Well No. 3 Pool Name, Including Formation BARBER-YATES Kind of Lease State, Federal or Foreign FEDERAL Lease No.

Section Letter G : 1650 Feet From The NORTH Line and 2310 Feet From The EAST

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

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ or Condensate ☐

Jadco Purchasing Corp.

Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

NONE

Address (Give address to which approved copy of this form is to be sent)

6600 S. Yale Suite 1300 Tulsa, OK 74136

Address (Give address to which approved copy of this form is to be sent)

N/A

Well produces oil or liquids,
Location of tanks.

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

Is gas actually connected? When NO

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 Heavy Diff. Use
Is Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.
Conditions (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Operations 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 of hole for this depth or be for full 24 hours)

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

AS WELL

First Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1989

BY [Signature]

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 deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.