STATE OF NEW MEXICO. DY AND MINISTRES DEPARTMENT tore winner for CAMO OFFICE

TRANSPORTER

OAL

CHSERVATION DIVISION RECEINER TO RECEINER TO RECEINER TO RECEINER TO RECEIVE MAY 26 1987

REQUEST FOR ALLOWABLE AND AND HATURAL GAS

CAURATION DEFICE	4		<u></u>					
BARBER OIL, INC.								
P. O. BOX 1658 C	ARLSBAD,	NM 88221	-1658					
Frason's) for filing (Check proper box)				Other (Pl	ease explain)			
Change in Transporter of: Becompletion Oil X Dry Gas								
Coange in Ownership	Cosinghe	nd Gas	Conden	acte	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Change of ownership give name and address of previous owner								
DESCRIPTION OF WELL AND I	LEASE				Kind of Lease		Leuse No	
STOVALL-WOOD	Well No.			RIVERS	State, Federa			
Cocilon		l <u></u>				TIPOT		
Unit Letter F : 165	0 Feet Fro	m The NOF	RTH_Line	and <u>2310</u>	Feet From	The WEST		
Line of Section 20 Tow	mahip 20S	F	lange 3	OE , 131	мри,	EDDY	County	
WESIGNATION OF TRANSPORT	TER OF OIL	AND NATU	RAL GA	S	aca to which gapro	ved copy of this form is a	o be senij	
home of Authorized Transporter of CII A or Condensate				Address (Give address to which approved copy of this form is to be sent) 4606 E 67TH, BLDG 7, STE. 403, TULSA, OK 79762 Address (Give address to which approved copy of this form is to be sent)				
JADCO PURCHASING (ORP inghead Gas	or Dry Go	ıs 📋	Address (Give addr	ess to which appro	ved copy of this form is:	abesent)	
				Is gas actually connected? When				
if well produces all or liquids, give 1	1. on of tanks. $E = 20 + 205 + 306 + 1$				NO .			
If this ir faction is commingled with	h that from ar	y other lease	or pool,			Plug Back Same Res	tv. Diff. Resta	
COMPA ETION DATA Designate Type of Completic		Oil Well G	ias Well	New Well Works	ver Deepen	1	! !	
, ate 5, added		tendy to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	"ame of Prod	ucing Formatio	חי	Top Oil/Gas Pay		Tubing Depth		
The second secon						Depth Casing St.oe		
President at 1870 N				CENELIZING DE	CORD			
	TUBING, CASING, AND			DEPTH SET		SACKS CEMENT		
HOLE SIZE CKSING & FOUND					Pat ID-3 5-29-87			
						chy LTL	NRC	
		D. F. (T.		(see recovery of total	volume of load oil	and must be equal to or	exceed top all	
FUST DATA AND REQUEST F		ABLE (les)	for this de	nth of De Ice Iuli 24	hours) (Flow, pump, gas l			
The August And Call Hom To Tenks	Date of Test			producing kinnes		Chox • Siz •		
Targe of Test	Tubing Pressure			Cosing Pressure		Chore 511		
City in Fried, During Tost	Oil-Bbls.			Water - Bbis.		Gas - MCF		
Cold if Production of the								
OAS WELL					A. (C.F.	Gravity of Condensate	•	
A Syred Test-MCE/D	Length of Test			Bhis. Condensate/				
leating Mathod (pitot, back pr.)	Impind !, tess	al-juda) •w)	Casing Pressure (shut-in)	Choke Sixe		
TO COURT IN	CF.			01	IL CONSERVA	TION DIVISION		
CERTIFICATE OF COMPLIAN				APPROVED_	MAY	2 9 1967	. 19	
I hereby certify that the rules and regulations of the Oll Conservation beliefs to the best of my knowledge and belief.			Original Signed By					
			Mike Williams					
1	7			TITLE	in the filled in	compliance with MUL	g 1104.	
THE WAR				If this is a request for allowable for a newly drives to deviate				
(Signature)				well, this form must be accompanied by it have a trivitests taken on the well in accordance with AULE til. All sections of this form must be filled out completely for allowing the sections of the form must be filled.				
	ESIDENT (de)			able on new #	nd tecompiaced	and a set for ob-	arona of own	
5/20/87 (Pate)				Fill out only Sections I. II. and VI for changes of own- well name or number, or transporter or other such change of conditi- Separate Forms C-104 must be filed for each pool in multip				
	- ,			Separete enmoleted well	Porms C-104 mi			