

## RECEIVED OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUN 05 '89

REQUEST FOR ALLOWABLE  
AND

O. C. D.

ARTESIA OFFICE

## AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

BARBER OIL, INC.

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

Other (Please explain)

Reason(s) for filing (Check proper box)

New Well ☐Completion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐Change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease

State, Federal or Fee FEE

STOVALL-WOOD

3

BARBER-YATES

Location

Unit Letter F : 1650 Feet From The NORTH Line and 2310 Feet From The WEST

Line of Section

20

Township 20S

Range 30E

, NMPM,

EDDY

County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Jadeo Purchasing Corp.

6600 S. Yale Suite 1300 Tulsa, OK 74136

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

NONE

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

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

Well produces oil or liquids,  
or 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 Reservoir ☐Other ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (D.F., RKB, RT, CR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Elevations

Depth Casing Shoe

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE  
ON WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed ton  
able 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

Casing Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Casing 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.

PRESIDENT

(Title)

(Date)

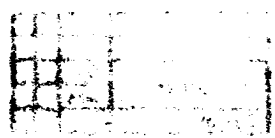
## OIL CONSERVATION DIVISION

APPROVED JUN 6 1989

BY ORIGINAL SIGNED BY  
MIKE WILLIAMS

TITLE SUPERVISOR, DISTRICT #

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 data  
taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for  
able 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 con-  
dition. Separate Forms C-104 must be filed for each pool in m-  
completing wells.



RECEIVED

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