

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

RECEIVED

I. **Barber Oil Inc.** SEP 2 1965

Address **901 West Pierce Carlsbad, New Mexico** O. C. C. ARTESIA, OFFICE

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

New Well ☐ Change in Transporter of: ☐ **Change in operating ownership**

Recompletion ☒ Oil ☐ Dry Gas ☐ **from Neil H. Wills to Barber Oil Inc.**

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **From Wills to Wills Fed.**

If change of ownership give name **Neil H. Wills-Drawer W-Carlsbad, New Mexico** and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wills-Federal	Well No. 26 Pool Name, Including Formation Russell Pool-Yates Sand	Kind of Lease LC-050797
Location B 1305	Feet From The North Line and 1980 Feet From The East	State, Federal or Private Federal
Unit Letter 13	Range 20S	County Eddy
Line of Section 13	Township 20S	Range 28E

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Barber Oil Inc.	Address (Give address to which approved copy of this form is to be sent) 901 West Pierce Carlsbad, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit A Sec. 13 Twp. 20S Rge. 28E	Is gas actually connected? None When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	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					

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

President

8-24-65

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 3 1965, 19

BY **M. L. Armstrong**
TITLE **OIL AND GAS INSPECTOR**

This 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 Sections I, II, III, and VI only 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