

INTERSECTION	☒
PROPERTY	☒
FILE	☒
DATE	☒
LAND OFFICE	☒
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	☒

RECEIVED BY
OCT 30 1986
O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Timothy D. Collier

Address P. O. Box 798, Artesia, NM 88211-0798

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Effective as of October 1, 1986.
Recompletion ☐	
Change in Ownership ☒	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner Barber Oil, Inc., P. O. Box 1658, Carlsbad, NM 88220

DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No. Pool Name, Including Formation Kind of Lease Lease No.
Wills Federal	28 Russell-Yates State, Federal or Fed. FED. LC-050797
Location	
Unit Letter M	660 Feet From The S Line and 1315 Feet From The W
Line of Section 13	Township 20S Range 28E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Barber Oil, Inc.	P.O. Box 159 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 Sec. Twp. Rge. Is gas actually connected? When

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	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
		Post FD-3
		11-14-86
		chg ap

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
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/MCF Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In) Casing Pressure (Shot-In) Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	NOV 10 1986
Operator	APPROVED
Signature	Original Signed By
	Les A. Clements
	Supervisor District II
	This form is to be filled 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 density tests taken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for allowable cases and test completed wells.
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.