

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT NATURAL GAS

JUN -4 1987

O. C. D.

ARTESIA OFFICE

Barber Oil, Inc.

Address
P. O. Box 1658 Carlsbad, NM 88231

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

In change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Unit # 14-08-0001-016916

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Saladar Unit	10	Saladar-Yates	State, Federal or Fee	Federal
Location				
Unit Letter	0	330 Feet From The	South	Line and
		1753 Feet From The	East	
Line of Section	33	Township	20S	Range
			28E	NMFM,
			Eddy	Co.

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)	
The Permian Corp.	P. O. Box 1183 Houston, TX 77251	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
NONE		
Well produces oil or liquids, specify composition of fluids.	Unit	Sec.
	K	33
		Twp.
		20S
		Rge.
		28E
Is gas actually connected?	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 Hole	Other
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Direction (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top of Gas Pay		Tubing Depth			
Casinghead			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3
			6-12-87
			ch

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 of allowable for this depth or be for full 24 hours)

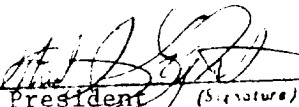
Date of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Pressure of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Prod.	Water-Prod.	Gas-MCF

Length of Test	Depth of Condensate/Water	Gravity of Condensate
Testing Method (Flow, Back, etc.)	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 above is true and complete to the best of my knowledge and belief.

BARBER OIL, INC.


President (Signature)

(Date)

5/27/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1987

Original Signed By
Les A. Clements

BY Supervisor District II

TITLE

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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 multiple completed wells.