

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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ARTESIA, OFFICE

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PROMOTION OFFICE	
OPERATOR	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Barber Oil, Inc. ✓

Address

P. O. Box 1658 Carlsbad, NM 88220

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Unit # 14-08-0001-16916

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Saladar Unit	11	Saladar-Yates	State, Federal or Fee	

Location

Unit Letter L ; 1980 Feet From The South Line and 1315 Feet From The WestLine of Section 33 Township 20 S Range 28 E , NMPM, Eddy County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Box 175 Artesia, NM 88210

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)
NONE	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	33	20S	28E		

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 Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-12-82	11-19-82	707'						
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3198' GR	Yates	625' 662'	670'					
Perforations			Depth Casing Shoe					
2 shots per foot for 20 feet through casing @ 662' to 682'			707'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6-3/4"	11.60# 4 1/2" OD Cas.	707'	250 to surface
	4.7# 2-3/8" OD Tub.	670'	

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

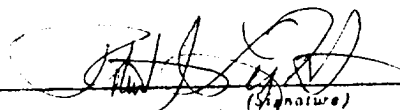
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Test - Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-20-82	11-22-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
6 bbls	6 bbls	-0-	

## GAS WELL

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

## CERTIFICATE OF COMPLIANCE

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)

11-24-82

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 01 1982, 19

Original Signed By

BY Leslie A. Clements

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 allow-  
able 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 Form C-104 must be filed for each pool in multiply  
completed wells.