

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

JUN -4 1987

O. C. D.

ARTESIA, OFFICE (Please explain)

Barber Oil, Inc.

Address

P. O. Box 1658 Carlsbad, NM 88221

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐Oil ☒Dry Gas ☐Change in Ownership ☐Casinghead Gas ☐Condensate ☐If 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 State, Federal or Fed	Lease No.
Saladar Unit	11	Saladar-Yates		

Location

Unit Letter L : 1980 Feet From The South Line and 1315 Feet From The West

Line of Section 33 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)
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	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 33 Twp. 20S Rge. 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 Heave	Diff. Heave
None								
Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Flowing: F, RAH, RT, GR, etc.	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Explorations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post TD-3
			6-12-87
			by LT: NRC

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)

First Flow - Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Flow Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	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)

(Title)

5/27/87

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1987, 19

BY Lee A. Cley
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 allowable 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.