

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
USE	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	
Operator	

Barber Oil, Inc.

Address

P. O. Box 1658 Carlsbad, NM 88220

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Unit # 14-08-0001-16916

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Saladar Unit	13	Saladar-Yates	State, Federal or Fee	
Location				
Unit Letter	N	: 1315 Feet From The	South Line and	1980 Feet From The
Line of Section	33	Township	20S	Range 28E
				NMPM, Eddy County

II. 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 Co.	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.
	K	33
	Twp.	Rge.
	20S	28E
	Is gas actually connected? When	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
	X		X					
Date Spudded	Date Compl. ready to Prod.		Total Depth		P.B.T.D.			
7-28-82	11-12-82		682'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3196' GR	Yates		612'		645' 6"			
Perforations					Depth Casing Shoe			
2 shots per foot @ 634' to 654' through casing				682'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-5/8"	26.40# 7-5/8" cas.	80'	15
6-3/4"	11.60# 4 1/2" cas.	682'	230 to surface
	4.7# 2-3/8" tub.	645' 6"	

IV. 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.)	
11-13-82	11-15-82	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Shore Size
24 hrs.			12-3-82
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
4 bbls	4 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)	Shore Size

V. 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.

President

11-24-82

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 01 1982
Original Signed By
BY Locke A. Clements
Supervisor District II
TITLE

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 multi-completed wells.