

OIL CONSERVATION DIVISION
P. O. BOX 20811
SANTA FE, NEW MEXICO 87501

REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION RECEIPT FOR OIL AND NATURAL GAS

JUN -4 1987

Barber Oil, Inc. ✓

Address P. O. Box 1658 Carlsbad, NM 88221 C. D.

Reasons for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry 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	Lease No.
Saladar Unit	13	Saladar-Yates	State, Federal or Fee	
Location				
Unit Letter	N	Feet From The	South	Line and
				1980
				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	
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	K 33 20S 28E
Is gas actually connected?	When

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hkty. Luff. Hkty.
Date Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Completion (e.g., AB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

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

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Testing Pressure	Casing Pressure	Gravel Size	
Water-Bills.	Gas-MCF		

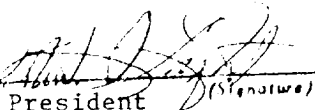
GAS WELL

Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Testing Pressure (shut-in)	Casing Pressure (shut-in)	Gravel 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

(Date)

5/27/87

(Date)

OIL CONSERVATION DIVISION

JUN 10 1987

APPROVED _____, 19

BY _____
Original Signed By
Las A. ClementsTITLE _____
Supervisor District II

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 deviate
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 Forms C-104 must be filed for each pool in multipl
compartments wells.