

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Grover Oil Company

Address
P O Box 3666, Midland TX 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain) *Change lease name to Barber Federal*
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barber Federal	Well No. 1	Pool Name, including Formation West Teas (Yates 7 Rivers)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-57280
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>20S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company, a Div. of Koch Ind., Inc.	Address (Give address to which approved copy of this form is to be sent) P O Box: 1558, Breckenridge, Texas 76024
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)
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	F : 9 : 20S : 33E

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Carol Robbins
(Signature)

Secretary

(Title)

June 15, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 26 1987, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-29-87	Date Compl. Ready to Prod. 6-2-87		Total Depth 3404'		P.B.T.D. 3360'				
Elevations (DF, RKB, RT, GR, etc.) 3544.8' GL		Name of Producing Formation Yates		Top Oil/Gas Pay 3092'		Tubing Depth 3180'			
Perforations 3092' - 3147'						Depth Casing Shoe 3400'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" 32#		1261'		400 sx Lite & 250 sx "C			
7 7/8"		4 1/2" 9.5#		3400'		700 sx Lite & 200 sx "C			
7 7/8"		2 3/8" 8 RD EUE 4.7#		3180'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 6-2-87	Date of Test 6-5-87	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hrs	Tubing Pressure 25	Casing Pressure 25	Choke Size N/A	
Actual Prod. During Test 33 BO	Oil-Bbls. 33 BO	Water-Bbls. 0	Gas-MCF TSTM	

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


RECEIVED
 JUN 25 1987
 OCD
 HOBBS OFFICE

Grover Oil Company
Barber Federal #1
Lea County, N.M.

STATE OF NEW MEXICO
DEVIATION REPORT

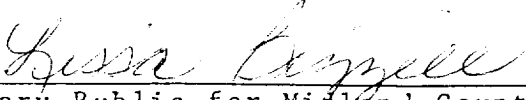
490	1/2
984	1/2
1265	3/4
1665	1
2111	1 1/2
2650	3 1/2
2712	3 3/4
2773	4
2844	3 3/4
2938	4 1/2
2991	4 3/4
3021	3
3052	3
3220	2 1/2
3404	2 1/2

STATE OF TEXAS }
COUNTY OF MIDLAND }


By: Ray Peterson

COUNTY OF MIDLAND }

The foregoing instrument was acknowledged before me this 9th day of May, 1987, by Ray Peterson on behalf of Peterson Drilling Company.


Notary Public for Midland County,
Texas

Lissa Bizzell

My Commission expires: 9/24/90