

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
REGISTRATION OFFICE	
OPERATOR	
LAND OFFICE	
FILE	
DISTRIBUTION	
TRANSPORTER	
LAND OFFICE	
FILE	
DISTRIBUTION	
OPERATOR	

RECEIVED BY  
**JUN -4 1987**  
 O. C. D.  
 ARTESIA OFFICE

Barber Oil, Inc.  
Address: P. O. Box 1658 Carlsbad, NM 88221

Reason(s) for filing (Check proper box)

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

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>LeBow Federal</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>North Hackberry-Yates/7rivers</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-06767</b>
Location Unit Letter <b>H</b> : <b>2310</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b> Line of Section <b>25</b> Township <b>19S</b> Range <b>33E</b> , NMPM, <b>Eddy</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183 Houston, TX 77251</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NONE</b>	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 <b>I</b> Sec. <b>25</b> Twp. <b>19S</b> Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>

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	Deeper	Plug Back	Same Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.		
Locations (E.P., RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<b>Post ID-3</b>
			<b>6-12-87</b>
			<b>cky RT) PP</b>

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Artificial 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

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.

*(Signature)*  
President

5/27/87

(Date)

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 10 1987**, 19

BY **Original Signed By**  
**Les A. Clements**  
TITLE **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 deeper 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 all wells 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 multi-completed wells.