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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS. C. D.
ARTESIA, OFFICE

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DISTRICT	
COUNTY	
FILE NO.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
REGISTRATION OFFICE	
REGISTRATION NO.	

Barber Oil, Inc.

Address: P. O. Box 1658 Carlsbad, NM 88221

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination 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

Lease Name LeBow Federal	Well No. 6	Pool Name, including Formation North Hackberry-Yates/7 Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0676
Location Unit Letter I : 2310 Feet From The South Line and 660 Feet From The East Line of Section 25 Township 19S Range 30E , NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORP.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183 HOUSTON, TX 77251
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 I Sec. 25 Twp. 19S Rge. 30E	Is gas actually connected? NO When _____

COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reat'n <input type="checkbox"/> Diff. Reat'n <input type="checkbox"/>	Date Spudded _____	Date Compl. Ready to Prod. _____	Total Depth _____	P.B.T.D. _____
Revolutions (DF, RKH, RT, GR, etc.) _____	Name of Producing Formation _____	Top Oil/Gas Pay _____	Tubing Depth _____	Depth Casing Shoe _____
Perforations _____				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

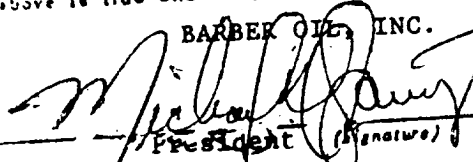
Date First New Oil Run To Tanks _____	Date of Test _____	Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____	Tubing Pressure _____	Casing Pressure _____
Actual Prod. During Test _____	Oil - Bbls. _____	Water - Bbls. _____
		Choke Size 11-16-90
		Gas - MCF Light: JADCC

GAS WELL

Actual Prod. Test - MCF/D _____	Length of Test _____	Bbls. Condensate/MCF _____	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.

 President (Signature)

 (Title)
 11/8/90

 (Date)

OIL CONSERVATION DIVISION
 APPROVED **NOV 15 1990**, 19 _____
 BY **ORIGINAL SIGNED BY**
MIKE WILLIAMS
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filled in compliance with NULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devl tests taken on the well in accordance with NULE 111.
 All sections of this form must be filled out completely for a well on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filled for each pool in multirecompleted wells.