

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SALES FILE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-103 and C-111
 Effective 1-1-65

RECEIVED

SEP 21 1977

I. Operator **Barber Oil, Inc.** **O. C. C.**
ARTESIA, OFFICE

Address **P.O. Box 1653, Carlsbad, NM 88220**

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner **Geo. D. Riggs Box 115 Carlsbad, NM 88220**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Malco Ref., Inc.	Well No. 1	Pool Name, including Formation Saladar-Yates	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1650 Feet From The South Line and 990 Feet From The West				
Line of Section 33 Township 20S Range 23E , NMPM , Eddy 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175 Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> (None Produced)	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 L Sec. 33 Twp. 20S Rge. 23E
Is gas actually connected?	When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Presrv.	Inf. Presrv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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		

VI. 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)

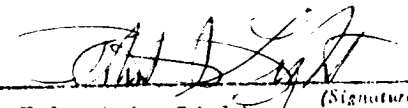
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Lbbs. Condensate/MSCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


 Robert S. Light (Signature)
 President (Title)
 9-20-77 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1977, 19
 BY W. A. Gressitt
 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 deepened well, this form must be accompanied by a tabulation of the deviation logs taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of conditions.