

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

FEB 25 1985

O. C. D.

ARTESIAN OFFICE

REQUEST FOR ALLOWABLE
AND

ARTESIAN OFFICE TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	<input checked="" type="checkbox"/>
CLASSIFICATION	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
GENERAL	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

Operator BARBER OIL, INC.

Address P.O. Box 1688 CARLSBAD, NM 88221

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 checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>2</u>	<u>BARBER - SANTA FE</u>	State, Federal or Free <u>STATE</u>	<u>B-2386</u>

Location

Unit Letter N ; 600 Feet From The SOUTH Line and 1980 Feet From The WEST

Line of Section 17 Township N05 Range 30E , N.M.P.M. 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>MINASO REVENUE CO.</u>	<u>P.O. Box 159 AGRESTA NM 88201</u>
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)
<u>NONE</u>	

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
<u>E</u>	<u>20</u>	<u>20S</u>	<u>30E</u>		

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	Deepen	Plug Back	Same Hesi's	Diff. Hesi's
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.B.T.D.					
Directions (DF, 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
			<u>Post ID-2</u>
			<u>3-1-85</u>
			<u>Chg. bit: PP</u>

TEST DATA AND REQUEST FOR ALLOWABLE 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 of Test	Producing Method (Flow, pump, gas lift, etc.)		
<u>2/25/85</u>			
Length of Test	Tubing Pressure	Casing Pressure	Crown Size
Acres Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Acres Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pt.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Crown 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.

M. J. [Signature]
VICE PRESIDENT
2/25/85
(Date)

OIL CONSERVATION DIVISION
FEB 27 1985

APPROVED _____, 19____

Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

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 Form C-104 must be filed for each pool in multiple completed wells.