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DISTRIBUTION			
SANTA FE			
FILE		/	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	/	,
	GAS	/	
OPERATOR		2	

Production Clerk

9-28-70

(Title)

(Date)

	SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE /		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL / .					
	GAS /					
	OPERATOR 2					
1.	PRORATION OFFICE Operator					
	Flag-Redfern Oil	Company				
	Address Flag-RedleIII OII	Company				
	Box 23, Midland,	Texas 79701				
	Reason(s) for filing (Check proper box)		Other (Please explain) Change of Name o	of Operator from		
	New Well	Change in Transporter of:	Podforn Dovelopm	ent Corporation to		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	Flag-Podforn Oil	- 1		
	Change in Ownership	Casinghead Gas Condens	34.6	,0-/- ,0		
	If change of ownership give name					
	and address of previous owner					
II	DESCRIPTION OF WELL AND I	EASE				
•••	Lease Name	Well No. Pool Name, Including Fo		_		
	Largo Spur	1 Devils Fork Ga	illup State, Fede	Fral or Fee SF078562		
	Location	•				
	Unit Letter ;;	Feet From TheLine	e and Feet From	m The		
	10 -	mship 24N Range 6	5W , NMPM, Ri	io Arriba County		
	Line of Section 18 Tow	mship 24N Range C	, 1401 101, 202			
TTT	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	s			
***	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	 Western Oil Transportat	ion Co. P/L Div.	P. O. Box 3120, Midla	and. Texas 79701 broved copy of this form is to be sent)		
	Western Oil Transportat	Inghead Gas or Dry Gas	1			
	Southern Union Gatherin	ng Co.	Fidelity Union Tower	<u>, Dallas, Texas 75201</u>		
	Unit Sec. Twp. Ege. is gas actually connected?					
	give location of tanks. J 18 24N 6W yes					
		h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on = (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				The Death		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			<u> </u>	Depth Casing Shoe		
	Perforations	•				
		TUBING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	7,022 3122					
				at the state of th		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load in epth or be for full 24 hours)	oil and must be equal to or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Cho		
				CONTRACTOR OF THE PARTY OF THE		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	1070		
				1 39		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Verant Line, Lear-Mot Vo			- Contract of the contract of		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
% 71	I. CERTIFICATE OF COMPLIAN	ICE		EVATION COMMISSION		
₩.	, Chilli totall of Come Bank		CED 30	1970		
	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.		APPROVED SEP 3 0 1970 Original Signed by Emery C. Arnold			
			BY			
			[1]			
			This form is to be filed	in compliance with RULE 1104.		
	Villa So	ack	II to all a farm much be acco	llowable for a newly drilled or deepene mpanied by a tabulation of the deviatio		
	(Sign	nature)	well, this form must be accompanied by the state taken on the well in accordance with RULE 111.			

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 allow able 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 pleted wells.