

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASI. Operator
Flag Redfern Oil CompanyAddress
P.O. Drawer 11050 Midland, TX 79702

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

Effective 5/1/85

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--------------------------|-----------------------|
| Lease Name Betty C 31 | Well No. 2 | Pool Name, Including Formation Lybrook Gallup | Kind of Lease Federal | Lease No. NMO14023 |
| Location Unit Letter <u>0</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>800</u> Feet From The <u>South</u> Line of Section <u>31</u> Township <u>24N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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"/> Giant Refining Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mesa Petroleum Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 579 Flora Vista, NM 87415 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 31 | Twp. 24N | Rge. 7W | Is gas actually connected? Yes | When |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of
my knowledge and belief.

Jim L. Jacobs
 Geologist
 (Signature)
 (Title)
 4/25/85
 (Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 3

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 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
completed wells.