

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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 GAS

I.

Operator
Flag Redfern Oil Company

Address
P.O. Drawer 11050 Midland, TX 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Effective 5/1/85

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OIL CONSERVATION DIV.

If change of ownership give name
and address of previous owner.**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Betty C 31	Well No. 5	Pool Name, including Formation Gallup, <i>Hydrobrook</i>	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/> State	Lease No. NM014023
Location Unit Letter <u>I</u> : <u>1970</u> Feet From The <u>South</u> Line and <u>840</u> Feet From The <u>East</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 : <u>I</u> Sec. : <u>31</u> Twp. : <u>24N</u> Rge. : <u>7W</u> Is gas actually connected? <u>Yes</u> 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.

Geologist

(Signature)

Jim L. Jacobs

(Title)

4/25/85

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 26 1985

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