

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

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

COUNTY	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Flag-Redfern Oil Company

Address P.O. Box 11050 Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Change In Transporter of: Completion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Amoco Federal	6	Tom-Tom (San Andres)	State, Federal or Fee Fed. USA	NM-13418

Location
 Unit Letter K ; 1980 Feet From The West Line and 2055 Feet From The South
 Line of Section 26 Township 7-S Range 31-E , NMPM, Chaves 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>Tesoro Crude Oil Company</u>	<u>8700 Tesoro Drive, San Antonio, TX 78286</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
<u>Cities Service Company</u>	<u>P.O. Box 300, Tulsa, OK 74102</u>				
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	<u>N</u>	<u>23</u>	<u>7-S</u>	<u>31E</u>	<u>Yes</u> <u>November, 1979</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 Res'v.	Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.				
Deviations (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

TEST DATA AND REQUEST FOR ALLOWABLE NEW 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Judy Benton
 (Signature)
 Production Clerk
 (Title)
 July 2, 1984
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL - 6 1984, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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

RECEIVED

JUL 5 - 1984

CCO
HOBBS OFFICE