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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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-1
Effective 1-1-65

I. Operator
Flag-Redfern Oil Company

Address
P. O. Box 23 Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|-----------------------|
| Lease Name Lynn "B-25" Federal | Well No. 5 | Pool Name, including Formation Langle-Mattix | Kind of Lease State, Federal or Free Fed. | Lease No. NM-21644 |
| Location Unit Letter: L ; 1980 Feet From The South Line and 560 Feet From The West | | | | |
| Line of Section: 25 Township: 23-S Range: 36-E | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc. | Address (Give address to which approved copy of this form is to be sent) Box 2297 Midland, TX 79702 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, TX 79978 |
| If well produces oil or liquids, give location of tanks. | Unit: L Sec: 25 Twp: 23-S Rge: 36-E Is gas actually connected? Yes When: 4-3-79 |

If this production is commingled with that from any other lease or pool, give commingling order number: No

IV. COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|-----------------|------------|-------------------|--------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Reentry | Diff. Reentry |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | F.R.T.D. | | | | |
| Elevations (D.E., RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Lay | | Tubing Depth | | | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPT - SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 1c for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (D.P., 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/MCF | Gravity of Condensate |
| Testing Method (pilot, back p.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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.

John H. Sandig
(Signature)

Engineer

(Title)

6-15-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 16 1979, 19

BY Les Clements
TITLE Oil & Gas Insp.

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, the operator must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all applicable wells and completed wells.
Fill out only the rules I, II, III, and VI for changes of operations and only the rules IV, V, and VI for changes of ownership.
Separate forms must be filed for each pool in multi-