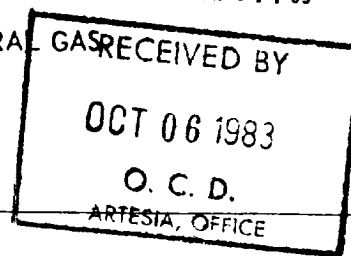


DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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



Operator
Flag-Redfern Oil Company ✓
Address
P.O. Box 2280 Midland, Texas 79702

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

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name U. S. Federal "6"	Well No. 1	Pool Name, Including Formation Pecos Slope Abo (Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. US NM 22846
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 5 S Range 25 E , NMPM, Chaves County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P.O. Box 2521 Houston, TX 77252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. Is gas actually connected? When
	Yes 12-13-83
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'tv.	Diff. Res'tv.
		XX						
Date Spudded 6-3-83	Date Compl. Ready to Prod. 7-6-83	Total Depth 4100'	F.B.T.D. 4020'					
Elevations (DF, RKB, RT, GR, etc.) 3866' RKB	Name of Producing Formation Abo	Top Oil/Gas Pay 3775'	Tubing Depth 3742'					
Perforations 3775'-3807'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" csg.	903'	1050
7-7/8"	4-1/2" csg.	4096'	1750
---	2-3/8" tbg.	3742'	---

TEST DATA AND REQUEST FOR ALLOWABLE PRODUCTION (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 2470 (CAOF)	Length of Test 4 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) 4 Point Test	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) ---	Choke Size multiple

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)
October 5, 1983
(Date)

OIL CONSERVATION COMMISSION
OCT 18 1983
APPROVED _____, 19____
BY Ludie A. Clements
Supervisor District II
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