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| LAND OFFICE | | |
| TRANSPORTER | OIL | / |
| | GAS | |
| OPERATOR | | 2 |
| PRORATION 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-110
Effective 1-1-65

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| | |
|--------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator Redfern Development Corporation | |
| Address P. O. Box 1747, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" type="checkbox"/> | 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

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|-------------------------------------|----------------------|------------------------------------------------------------------|-----------------------------------------------------|
| Lease Name Marathon State | Well No. 1 | Pool Name, including Formation Palmilla - Bone Springs | Kind of Lease State, Federal or Fee State |
| Location | | | |
| Unit Letter M | 670 | Feet From The South | Line and 610 Feet From The West |
| Line of Section 36 | Township 18S | Range 28E | NMPM, Eddy 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"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O.Box 3119, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Hand | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 36 |
| | Twp. 18S | Rge. 28E |
| Is gas actually connected? | | When |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---------------------------------------------|----------------------------------------------------|---------------------------------|-----------------------------------|----------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded (28-entered) 11-3-65 | Date Compl. Ready to Prod. 11-22-65 | Total Depth 11,390' | P.B.T.D. 6508' | | | | | |
| Pool Undesignated WC | Name of Producing Formation Bone Springs | Top Oil/Gas Pay 6414' | Tubing Depth 6432' | | | | | |
| Perforations 6422' to 6428' | | | Depth Casing Shoe 6508' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 13-3/8" | | 351' | | 370 | | | |
| 11" | 8-5/8" | | 2520' | | 390 | | | |
| 7-7/8" | 4-1/2" | | 6508' | | 100 | | | |

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 be for full 24 hours)

| | | | |
|----------------------------------------------------|---------------------------------|--------------------------------------------------------------|---------------------------|
| Date First New Oil Run To Tanks 11-15-65 | Date of Test 11-22-65 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 250# | Casing Pressure Packer | Choke Size 3/8" |
| Actual Prod. During Test 481 bbls. | Oil-Bbls. 132 | Water-Bbls. 349 | Gas-MCF 211 |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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 J. Redfern, Jr. (Signature)
President (Title)

November 23, 1965 (Date)

OIL CONSERVATION COMMISSION
DEC 8 1965

APPROVED _____, 19_____
BY **W. A. Gussert**
TITLE **OIL AND GAS INSPECTION**

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 Sections I, II, III, and VI only 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