| | | . ** | | .~ | | | | | |
|---|---|--|---|---|--|--------------------------|--|--|--|
| | NO. OF COPIES RECEIVED 4 | · · · · · · · · · · · · · · · · · · · | | | | Form C-104 | Form C-104 Supersedes Old C-104 and C+1 Ellactive 1+1+65 | | |
| | SANTAFE / | | | | | | | | |
| | U.S.G. S . | AUTHORIZATION TO TRA | UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | S . | | | |
| | LAND OFFICE | RECEI | EIVED | | | | | | |
| | GAS OPERIATOR / | FEB 9 | FEB 9 1979 | | | | | | |
| 1. | Operator D C C | | | | | | | | |
| | Flag-Redfern Oil Company D. C. C. Address ARTESIA, OFFICE | | | | | | | | |
| | P. O. Box 23 Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | | |
| | New We!l X Change in Transporter of: CASINGHEAD GAS Recompletion Cil Dry Gas FLARED AFTER 4 | | | | | S MUST NOT | BE | | |
| | Recompletion Change in Ownership | Cil Dry Ga Casinghead Gas Conder | | FLARE UNLES | D APAER <u>A AN ENC</u> | SPINON TO Ru | le 306 | | |
| | If change of ownership give name and address of previous owner | | | IS ONT É4, | AINED 2-32/ | ingues 5-1 | 4 | | |
| • • | · | FACE | | | <u></u> | | | | |
| 48. | DESCRIPTION OF WELL AND I Lease Name | Vell No. Shugart (Yates, | 7 Rvr | s, Queen | Kind of Lease State, Federal (| or Fee | Lease No. | | |
| | New Mexico State | 1 Grayburg) | | | | State | LG-2353 | | |
| | Unit Letter K ; 1980 |) Feet From The West Lin | • and <u>19</u> | 980 | Feet From Th | • <u>South</u> | | | |
| | Line of Section 2 Tow | nship 19-S Range 3 | 1-е | , NMPM | | Eddy | County | | |
| n. | DESIGNATION OF TRANSPORT | FR OF OIL AND NATURAL GA | <u>s</u> | | ····· | | | | |
| | Name of Authorized Transporter of Oil Basin Inc. | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297 Midland, Texas 79702 | | | | | | |
| | Nome of Authorized Transporter of Casinghead Gas 🐴 or Dry Gas 📜 | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| | Not Yet Contracted Unit Sec. Twp. Pge. | | | Is gas actually connected? When | | | | | |
| | If well produces oil or liquids, give location of tanks. | K 2 19S 31E | | No | | st. June 1, 19 | 179 | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: NO COMPLETION DATA Out Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v | | | | | | | | |
| | Designate Type of Completion - (X) Oil Well Gas Well X | | X | | | s'v. ' Diff. Res'v | | | |
| | Date Spuaded 12-8-78 | Date Compl. Ready to Prod. 1-19-79 | Total Der 4257 | | | р.в.т.р. 4190' | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Queen, Grayburg, | Top Oil/0 | Gas Pay | | Tubing Depth | | | |
| | RKB = 3623' Premier Perforations 2543407-54 14/0 3849-3926 22.4024000 | | | Dept | | | 4096 ¹ pth Casing Shoe | | |
| | 3407' - 3456'; 3899' - 3906', 3919' - 3926'; 4039'-4046', 4149'-4156' 4257' TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | 854 | DEPTH S | ET | SACKS CE | MENT | | |
| | 7-7/8" | <u>8-5/8''</u> 4-1/2'' | 425 | | | <u> </u> | | | |
| | ······································ | | | | | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a able for this de | | | | nd must be equal to or | exceed top allo | | |
| | OII, WFIL Date First New Cil Bun To Tanks | Date of Test | | | v, pump, gas lifi, | , etc.) | | | |
| | 1-25-79 | 2-7-79 Tubing Pressure | Pumpin Casing P | | <u>}" x 12'</u> | Choke Size | <u></u> | | |
| | 24 hrs. | | | | | | <u>} {} ~~</u> | | |
| | Actual Pred. During Test | Oil-Bble. 22 | | | Gas-MCF 207 | 12 Roy The | | | |
| | | | | | | | 2,4 | | |
| | GAS WELL Actual Frod, Tool-MCF/D | Length of Test | Bbls, Condensate/MMCF | | Gravity of Condensate | • | | | |
| | Trating histhod (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing P | ressure (Shut | -in) | Choke Size | | | |
| - | | ······································ | <u> </u> | 011 | | |)N | | |
| 1. | CERTIFICATE OF COMPLIANC | E | | OIL CONSERVATION COMMISSION | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commination have been complied with and that the information given | | | APPR | APPROVED, 19, 19 | | | | | |
| | above is true and complete to the | best of my knowledge and belief. | BY | | SUPERVISO | R, DISTRICT II | | | |
| | 7 - 2 | | TITLE | | | | | | |
| • | two laster | | | If this is a request for allowable for a newly drilled or deepene weil, this form must be accompanied by a tabulation of the deviation | | | | | |
| | (Signa Engineer | (Signature) | | | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow | | | | |
| | (Title) | | | able on new and recompleted walls. | | | | | |
| | 2-7-79 (Dut | (Dute) | | | Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of condition Senarate Forms C-104 must be filed for each pool in multipl | | | | |
| | | | 11 C. | narate Form | * C-IO# W/1#C | the tring the America | , | | |