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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
Revised 1-1-65

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O. C. C.
ARTESIA, OFFICE

I.

Operator: Flag-Redfern Oil Company

Address: P. O. Box 23 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well [XX]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico State	2	Shugart (Yates, 7 Rvrs, Queen Grayburg)	State, Federal or Fee State	LG-2353

Location

Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South

Line of Section 2 Township 19-S Range 31-E , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.	P. O. Box 2297 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company	P. O. Box 2197 Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	19-S	31-E	Yes	10-15-79

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-4-79	10-15-79	4235'	4214'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3609' GL	Premier, Grayburg, Queen,	3366'	4097'
Perforations			**Depth Casing Shoe**
3366-3424 Queen, 3828-3893 Grayburg, 4009-4080 Premier			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8-5/8"	855'	275 sx Hall. Lite, 2% CaCl, 200 sx Cl. C, 2% C
7-7/8"	4-1/2"	4239'	575 sx Hall. Lite, 15# Salt, 5% Gilsonite, ¼% flocele, followed by 300 sx 50-50 Cl. C Poz A

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-15-79	10-15-79	Pump 2" X 1½" X 12' Insert Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	------	------	-------
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	37.6	30	17

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**

V. 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.

J. C. Sclarer, Jr.
(Signature)

Engineer
(Title)

10-17-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 18 1979, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.

Seperate Forms C-104 must be filed for each pool in multiple