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TRANSPORTER GAS	/	
OPERATOR	/	
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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-11
Effective 1-1-65

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AUG 28 1980

O. C. D.
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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico State	4	Shugart, (Y,7R,Q,Gryb)	State, Federal or Fee State	LG-2353

Location: Unit Letter M : 660 Feet From The South Line and 660 Feet From The West

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

III. 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, TX 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, TX 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	8-2-80 ~~10-15-79~~

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-21-80	8-02-80	4274	4234
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3601 GR	Queen & Grayburg	3371	3822
Perforations			**Depth Casing Shoe**
3371-3447 + 3850-3903			4274

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	833	475 sx. Cem. Circ.
7-7/8"	4-1/2"	4274	875 sx.
	2 3/8"	3822	

V. 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.)	
8-02-80	8-13-80	Pump 2" x 1-1/4" x 12'	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.	---	---	---
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	20	8	25

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**

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.

(Signature)

Engineer
(Title)

August 27, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 29 1980, 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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.