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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
(Marathon is Operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Company of America is purchaser of the gas under contracts providing for delivery of residue gas at the Plant.)

I. Operator		RECEIVED	
Redfern Development Corporation ✓			
Address P. O. Box 1747, Midland, Texas			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	JAN 6 1966 Correct lease name	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	C. C. C.	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Memo 2-65. ARTESIA, OFFICE	
	Dry Gas <input checked="" 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 Winston Gas com	Well No. 1	Pool Name, Including Formation Indian Basin Morrow	Kind of Lease State, Federal or Fee Federal
Location Unit Letter K ; 2080 Feet From The South Line and 1980 Feet From The West Line of Section 31 , Township 21S Range 24E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS (SPLIT CONNECTION)

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
McWood Corporation	364 Petroleum Club Bldg., Abilene, Texas		
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)		
Southern Union Gas Co. Marathon Oil Company	Box 199, Artesia, New Mexico 88210 Box 1324, Artesia, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	Twp. 21S
			Rge. 24E
	Is gas actually connected?		When
	Southern Union-Yes		9-1-65
	Marathon Oil - No		-----

If this production is commingled with that from any other lease or pool, give commingling order number: PC-292

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-13-64	Date Compl. Ready to Prod. 11-5-64		Total Depth 9730		P.B.T.D. 9624			
Pool Indian Basin	Name of Producing Formation Morrow		Top Oil/Gas Pay 9544		Tubing Depth 9423			
Perforations 9544-46 9584-86 9601-04					Depth Casing Shoe 9728			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18	13-3/8 48#		320		700			
12-1/4	9-5/8 36#		1785		965			
8-3/4	7 23# & 26#		8174		400			
6-1/8	4-1/2 11.6# liner		9728		175			

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)

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 4341	Length of Test 1-1/2 hrs.	Bbls. Condensate/MMCF 4.0	Gravity of Condensate Not measured
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 2966 SI 1358 Flow	Casing Pressure --	Choke Size 3/8

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]
(Signature)
President
(Title)
1-4-66

OIL CONSERVATION COMMISSION	
APPROVED	JAN 26 1966
BY	M. L. Armstrong
TITLE	INSPECTOR

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.