	DISTRIBUTION				TION COP	SION	Form C - Superse	-104 des Old C-10	04 and C-11
	FILE //	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						re 1-1-65	:
	LAND OFFICE	RECEIVED							
	TRANSPORTER GAS 7) OPERATOR / PROBATION OFFICE	Ň	3						
J.	Flag-Redfern Oil Company Flag-Redfern								<u>_</u>
ł	Address P. O. Box 23	Address 20201							
	Reason(s) for filing (Check proper box)	Other (Please explain)							
	New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condens								
	If change of ownership give name and address of previous owner							•	•
31	DESCRIPTION OF WELL AND LEASE								
	Lease NameWell No.Pool Name, Including Fo.Winston Gas Comm1Indian Basin						or Fee Federal-LC-063246		
	Location Unit LetterK 2080Feet From TheSouth -Line and 1980Feet From The								
	21 215 _ 2/			чт. — 1950 —			NOBC -		
	Line of Section Township Hory								
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil X or Condensate			Address (Give address to which approved copy of this form is to be sent)					sent)
	The Permian Corporation			P. O. Box 3119 Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)					
:	Marathon Oil Company Southern Union Gas Company			Box 1324, Artesia, New Mexico Suite 1700, Campbell Center, 83 Is gas actually connected?				Expre	essway
	If well produces oil or liquids, give location of tanks.	K 31 21 2	24	yes	-7	9	-13-66 -1-65 Dall	as, Texa	as 75206
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>SW-211 PC 292</u> COMPLETION DATA								
	Designate Type of Completio	n - (X)	Well I	New Well	Workover	i Deepen I I	1 1 1	ime restv.	Diff. A43 V.
	Date Spudded	Date Compl. Ready to Prod.		Total De	pth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
	Perforations					•	Depth Casing	Shoe	
				CEMENTING RECORD			SACKS CEMENT		
	HOLE SIZE	CASING & FUBING SIL							
						ume of lood ail.	and must be equ	al to ar exce	red top allow
- 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 a able for this depth or be for full 24 hours) OIL WELL Date of Test 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-Bbla.		Water-Bbls.			Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bols. Condensate/MMCF			Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing	Pressure (Shu	t-in)	Choke Size		
3/5	CERTIFICATE OF COMPLIANCE						TION COM	AISSION	. <u></u>
*1				APPROVED MAY 1 8 1973					
	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.		BY_W. G. Gressett						
				TITLE DILAND GAS INSPECTOR					
	Thelma Paine			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
	(Signature)			If this is a request for allowable for a hewly difficult of the deviation 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 allow able on new and recompleted wells.					
	Production Clerk (Title)								
	May 17, 1973			Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporten or other such change of condition					
	(Date)			Separate Forms C-104 must be filed for each pool in multiply completed wells.					