

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PROPRATION OFFICE		

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
Effective 1-1-65

RECEIVED

JUN 23 1965

Redfern Development Corp.

O. E. C.
ARTESIA, OFFICE

Address
Box 1747, Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ 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 Winston	Well No. 1	Pool Name, Including Formation Indian Basin Upper Penn	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter K ; 2080 Feet From The South Line and 1980 Feet From The West Line of Section 31 , Township 21 S Range 24 E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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 Res'ty.	Diff. Res'ty.
		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 Upper Penn		Top Oil/Gas Pay 7363		Tubing Depth 7376			
Perforations 7474 to 7494					Depth Casing Shoe 9728			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	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 OIL WELL (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 8895	Length of Test One Hour	Bbls. Condensate/MMCF 5.5	Gravity of Condensate Not measured
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 2352 SI 1422 Flow	Casing Pressure - -	Choke Size 1/2"

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.

Original signed by T. A. Dugan

(Signature)

Consulting Engineer

(Title)

June 17, 1965

(Date)

OIL CONSERVATION COMMISSION

SEP 14 1965

APPROVED _____, 19

BY M. L. Armstrong
TITLE OIL AND GAS 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

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