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

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65REQUEST FOR ALLOWABLE  
AND

## 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	
Redfern Development Corporation	
Address	
P. O. Box 1747, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Other (Please explain)	
Correct lease name	
Memo 2-65	
JAN 6 1966	
O. C. C.	
ARTESIA, OFFICE	

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
Winston Gas Co.	1	Indian Basin Upper Penn.	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.	Box 199, Artesia, New Mexico 88210
Marathon Oil Company	Box 1324, Artesia, New Mexico
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 31 Twp. 21S Rge. 24E	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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-13-64	11-5-64	9730	9624					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Indian Basin	Upper Penn.	7363	7376					
Perforations	Depth Casing Shoe							
7474 to 7494	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
8895	one hour	5.5	Not measured
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	2352 SI 1422 Flow	--	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.

*[Signature]*  
(Signature)

President

(Title)

1-4-66

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JAN 26 1966, 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.