CIISTRIGUTION	REQUEST FO	ERVATION COMMISSION R ALLOWABLE ND PORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C- Elfective 1-1-65 C SH	
U.S.G.S. LAND OFFICE IRANSPORTER GAS GAS	AUTHORIZATION TO TRANS	R	ECEIVED	
PRORATION OFFICE		JUL	<u>1 4 1982</u>	
Gperator Flag-Redfern Oil Compa	any	0	O. C. D.	
Address		ARTE	ARTESIA, OFFICE	
P.O. Box 2280 Reason(s) for filing (Check proper box)	Midland, Texas 79702	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oll Dry Gas Casinghead Gas Condensa	:e 🔀		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND L Lease Name Winston Gaș Com.	EASE Well No. Pool Name, Including Form 1 Indian Basin U	pation Kind of Lease Sper Penn State, Federal o	Lease No. Free Fed. LG-063246	
Location K : 208	OFeet From TheSouthLine	and <u>1980</u> Feet From Th	West	
Unit Letter;200	215 24		County	
Line of Section Town	nship Range	, 1997 199		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 8700 Tesoro Dr., San Antonio, TX, 78286			Antonio TX 78286	
Tesoro Crude UII Company Nome of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)			d copy of this form is to be sent)	
Marathon Oil and Souther	n Union Gas	See Reverse Side Is gas actually connected? When		
GIVE IOCUTION OF COMMENT	K· 31 21S 24E		-4-13-66 & SU-9-1-65	
COMPLETION DATA	Ult went	ive commingling order number:	W-211 PC-292 Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio		Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!I/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		for a second second second and all s	and must be equal to or exceed top all	
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 all oble for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)				
Dute First New Oil Run To Tanks	Date of Test	Producing Method (r tow, pamp, god to)	· · · · · · · · · · · · · · · · · · ·	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Oil-Bble.	Water-Bbls.	Gas-MCF	
Actual Prod. During Test				
GAS WELL Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Mothod (pitot, back pr.)				
I. CERTIFICATE OF COMPLIA	NCE		JUL 1 4 1982	
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED JUL 1 / 1902		
I hereby certify that the rules and regulations at the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYOIL AND GAS INSPECTOR		
^		This form is to be filed in	compliance with RULE 1104.	
Andre Benten		If this is a request for allowable for a newly drilled or deapens with four must be accompanied by a tabulation of the deviation		
(Signature)		well, this form must be accompanies with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
Production Clerk (Title)		I shie on new and recompleted weith.		
July 13, 1982	(Date)	Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition		
		Seconde Forma C-104 mu	st be filed for each pool in multi;	

Separate Fo completed wells.

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