

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRORATION OFFICE

OIL

GAS

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 28 1985

O. C. D. ARTESIA, OFFICE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

Flag-Redfern Oil Company

Address

P.O. Box 11050 Midland, Texas 79702

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Winston Gas Com.

Well No.

1

Pool Name, Including Formation

Indian Basin Upper Penn

Kind of Lease

State, Federal or Fee Fed.

Lease No.

LC-063246

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Lantern Petroleum Company

Name of Authorized Transporter of Casinghead Gas

Marathon Oil Company

Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2281, Midland, TX 79702

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1324, Artesia, NM 88210

1st International Bldg, Dallas, TX 74270

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

31

Twp.

21S

Rge.

24E

Is gas actually connected?

yes

When

9/65

If this production is commingled with that from any other lease or pool, give commingling order number: SW-211 PC 292

COMPLETION DATA

Designate Type of Completion -- (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

F.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Testing Method (pilot, back pr.)

Tubing Pressure (Shot-in)

Casing Pressure (Shot-in)

Choke Size

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.

Judy Benton

Senior Proration Analyst

1-25-85

OIL CONSERVATION COMMISSION

APPROVED FEB 4 1985, 19

BY Original Signed By Leslie A. Clements

TITLE Supervisor District II

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 allowables on new and recompleted wells.

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.

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