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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1
Effective 1-1-65

Operator		Flag-Redfern Oil Company	
Address		P.O. Box 23 Midland, TX 79702	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease	Lease No.
Byers 59	#2	Sawyer San Andres	State, Federal or Fee Fed.	063659
Location				
Unit Letter	K	1980 Feet From The South Line and	1980 Feet From The West	
Line of Section	30	Township 9S	Range 38E	County Lea

III. 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)	
Basin, Inc.	P.O. Box 2297 Midland, TX 79702	
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Cities Service Oil Company	P.O. Box 300, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	30
		9S
		38E
	Is gas actually connected? Yes	
	When NA	

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						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-30-70	12-20-70		5010		NA			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
NA	San Andres		4921		4930			
Perforations					Depth Casing Shoe			
4921, 27, 29, 46, 59, 62, 77, 68, 70, 72, 74.					4990			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		412		300 sx.			
7-7/8"	4-1/2"		5010		300 sx.			

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)

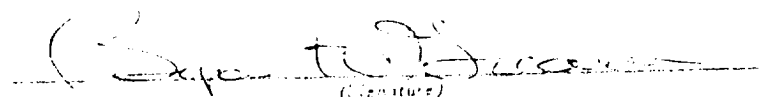
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Coating Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Coating Pressure (Shut-in)	Choke Size

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)

Production Manager

June 1, 1979

(Date)

(Date)

OIL CONSERVATION COMMISSION

JUN 5 1979

APPROVED _____ 19

BY _____

Orig. Signed by

Jerry Sexton

Dist 1, Supv.

TITLE _____

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 daylight 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 re-completed wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-segment completion.