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

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE U.S.G.S.	AUTUORIZATION TO TRA				
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
,	IRANSPORTER OIL GAS					
1.	OPERATOR PROPATION OFFICE					
	Operator					
	Flag-Redfern Oil C	ompany				
	P. O. Box 23, Mid1	and. Texas 79701				
	Reason(s) for filing (Check proper box		Other (filegen seplain) GA	S MUST NOT BE		
	New Well	Change in Transporter of:	FLASED AFTER	11/18/11		
	Recompletion	Oil Dry Gas	" H UNLESS AN EXC	EPTION TO R-4070		
	Change in Ownership	Casinghead Gas Conden	sate IS OPTAINING	<u></u>		
	If change of ownership give name	THIS WELL		a contract of		
	and address of previous owner	THIS WELL HAS BEEN DESIGNATED BELLOW IT	PLACED IN THE POOL			
II.	IL DESCRIPTION OF WELL AND LEASE NOTIFY THIS OFFICE.					
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	ogse No.		
	Brown 84	1 Sawyer, San A	Andres State, Federal	or Fee Federal 066884-A		
	Location					
	Unit Letter N ; 66	O Feet From The South Line	e and 1980 Feet From T	The West		
	10 -	0.0	0.7	G		
	Line of Section 13 Tov	wnship 9-S Range	37-E , NMPM, Lea	County		
, []]	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
***	Name of Authorized Transporter of Oil		Address (Give address to which approv	ed copy of this form is to be sent)		
	The Permian Corporat	ion	P. O. Box 3119, Midland, Texas 79701			
	Name of Authorized Transporter of Car		Address (Give address to which approx	ped copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	n -		
	give location of tanks.	N 13 9S 37E	No			
	this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completic					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	8-31-71	9-18-71	5100'	5060'		
	Elevations (DF, RKB, RT. GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3986 DF	San Andres	4895	4866		
	Perforations			Depth Casing Shoe		
	4895, 4905, 07, 15,	28, 42, 48, 55, 61, 68,	79, 81, 84, 88 - 14 hole CEMENTING RECORD	\$ 5099		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 ½"	8 5/8"	415	300 Sx.		
	7 7/8"	4 1/2"	5099	250 Sx.		
	1110	4 1/4				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	(r. ata)		
	Date First New Oil Run To Tanks	Date of Test		., .,.,		
	9-18-71 Length of Test	9-25-71 Tubing Pressure	Flow Cdsing Pressure	Choke Size		
	24 hours	240	640	12/64"		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	Gas-MCF		
		29.4	0	128.9		
			- ··			
	GAS WELL		Int. On the second	To-min of Company		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Total Value Value Last as 1	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	lubing Pressure (Snut-In)	Cushing Frederice (Bille 12)	Chicago Sillo		
		LOP.	OIL CONSERVA	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	2 2 4074		40.71		
	V transfer as a secret section of the section of	regulations of the Oil Concernation	APPROXED /SEP 29	APPROVED SEP 29 19 . 19		
	Commission have been complied	regulations of the Oil Conservation with and that the information given	Water A			
	above is true and complete to the best of my knowledge and belief.		Geologist			
			TIECE			
	. 🤝	C :	This form is to be filed in	compliance with RULE 1104.		
	Kan H	If this is a request for allowable for a newly drille		vable for a newly drilled or deepened		
	Byron H. Greaves (Sign	nature)	wall this form must be accomes	nied by a tabulation of the deviation		
	Production Manager		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			

(Title)

(Date)

September 27,

All sections of this form must be filled out completely for allowable 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.

RHUENED

SE / 2 . 1071

ONE COMPLEMENTATION COMM.