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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator
Flag-Redfern Oil Company

Address
P. O. Box 23, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BY THE OIL CONSERVATION COMMISSION. NOTIFY THE OIL CONSERVATION COMMISSION.

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Brown "93"	Well No. 1	Pool Name, including Formation Sawyer San Andres R-4258	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0103893-A
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 24 Township 9-S Range 37-E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 24 9-S 37-E No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded December 7, 1971	Date Compl. Ready to Prod. December 27, 1971	Total Depth 5050'	P.B.T.D. 5019'					
Elevations (DF, RKB, RT, GR, etc.) 3974 Gr.	Name of Producing Formation San Andres	Top Oil/Gas Pay 4920'	Tubing Depth 4850'					
Perforations 4920, 28, 30, 38, 47, 66, 74, 81, 83, 86, 92, 5000, 01, 05, 12, 13						- 16 holes Depth Casing Shoe 5019'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	425'	275 sacks - Circulated					
7 7/8"	4 1/2"	5049'	250 sacks					
	2 3/8"	4950'						

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 12-27-71	Date of Test 1-7-72	Producing Method (Flow, pump, gas lift, etc.) Flow (Intermitter - 40" open 20" closed)	
Length of Test 24 hours	Tubing Pressure 375 to 100	Casing Pressure 580 - 520	Choke Size 28/64"
Actual Prod. During Test	Oil-Bbls. 23	Water-Bbls. 6	Gas-MCF 247.5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

Byron H. Greaves (Signature)
Production Manager (Title)
January 7, 1972 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1972, 19____

BY [Signature]

TITLE SUPERVISOR DISTRICT I

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 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.