5	NO OF COPIES RECEIVED	_		
	DISTRIBUTION	NEW MEXICO OIL CO		
	SANTA FE	REQUEST F		
	FILE	REGOEST		
	u.s.g.s.	AUTHORIZATION TO TRAI		
	LAND OFFICE	A THORIZATION TO TRAI		
	OIL			
	TRANSPORTER GAS			
	OPERATOR			
1.	PROPATION OFFICE	1		
	Operator			
	Flag-Redfern Oil Compa	any		
	Address			
	P. O. Box 23, Midland	, Texas 79701		
	Reason(s) for filing (Check proper box)		
	New We!L	Change in Transporter of:		
	Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens		
	If change of ownership give name			
	and address of previous owner			
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For		
	Allied 93	1 Sawyer (San		
	Location	1 Sawyer (San		
	1 -	Feet From The North Line		
	Unit Letter;;	Feet From The		
	Line of Section 24 Tov	vnship 9-S Range		
		<i>i</i>		
111.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G			
	Name of Authorized Transporter of Oll			
	The Permian Corporation	on		
	Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas 🗔			
		i		
	Cities Service Cas Con			
	Cities Service Gas Con	Unit Sec. Twp. Ege.		
	Cities Service Gas Con If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 24 9-S 37-E		
	Cities Service Gas Con If well produces oil or liquids, give location of tanks. If this production is commingled wi	Unit Sec. Twp. Rge. D 24 9-S 37-E		
īv.	Cities Service Gas Con If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 24 9-S 37-E		
IV.	Cities Service Gas Con If well produces oil or liquids, give location of tanks. If this production is commingled wi	Unit Sec. Twp. Rge. D 24 9-S 37-E th that from any other lease or pool, g		
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DISERVATION COMMILLION

Form C-104

SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHODIZATION TO TRA	AND NSPORT OIL AND NATURAL	
LAND OFFICE	AUTHORIZATION TO TRA	MSFORT OIL AND NATURAL	GAS
TRANSPORTER OIL			
GAS			
PROPATION OFFICE			
Operator			
Flag-Redfern Oil Comp	pany		
P. O. Box 23, Midland Reason(s) for filing (Check proper bo	1, Texas 79701	Other (Please explain)	
New We!l	Change in Transporter of:	Office 17 lease explains	
Recompletion	Oil Dry Ga		
Change in Ownership	Casinghead Gas Conden	sate New Connec	tion of Gas
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		ormation . Kind of Lea	se Legse No.
Lease Name Allied 93	Well No. Pool Name, Including Fo	1	
Location 75	I Sawyei (Sai	I Alidles)	rederar Mn-0103893
Unit Letter D;	Feet From The North Lin	e and 660 Feet From	The West
Line of Section 24 To	ownship 9-S Range	37-Е , ммрм,	Lea County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S.	
Name of Authorized Transporter of O		Address (Give address to which appr	
The Permian Corporation of Authorized Transporter of Co		P. O. Box 3119, Midla Address (Give address to which appr	nd, Texas 19701 oved copy of this form is to be sent)
Cities Service Cas Co		P. O. Box 300, Tulsa,	0klahoma 74102
If well produces oil or liquids,	Unit Sec. Twp. Eqe.		hen .
give location of tanks.	D 24 9-S 37-E	Yes	May 21, 1973
f this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load or opth or be for full 24 hours)	il and must be equal to or exceed top allou
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
		Marie	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gca - MCF
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
CONTROL OF COMPLET	NCE	OII CONSERV	/ATION COMMISSION
CERTIFICATE OF COMPLIA	NCE	OIE CONSERV	
I hereby certify that the rules and	d regulations of the Oil Conservation		
Commission have been complised	with and that the information given he best of my knowledge and belief.	BY	Orig. Signed by
•		BY Orig. Signed by I. Barrosa TITLE	
	/	11	compliance with RULE 1104.
	H ha		n compliance with RULE 1104.

Shenn Sterbenson
Sherry Stephenson (Signature) Production Clerk
(Title)

(Date)

October 1, 1973

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 allow able 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 multiple completed wells.