CHISTRI BUTION	REQUEST FO	REAVATION COMMISSI DR ALLOWABLE AND	Form B=104 Form B=104 Supersedes Old C=104 and C=110 Effective 1=1=65	
U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR		SPORT OIL AND NATURAL GA	.S	
PRORATION OFFICE				
Flag-Redfern Oil Comp	bany			
Address P.O. Box 2280	Midland, Texas 79702			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
New Well	Oil Dry Gas			
Change in Ownership	Casinghead Gas Condense			
f change of ownership give name nd address of previous owner				
ESCRIPTION OF WELL AND	LEASE	matten Kind of Lease	Lease No.	
Lease Name Yates 69 Federal Location	Well No. Pool Name, Including For 1 Sawyer (San Ai	ndres) State, Federal	or Fee Fed. NM-16369	
Unit Letter N;187	4 Feet From The West Line	and Feet From T	heSouth	
Line of Section 23 Toy	wnship 9S Range 3	7Е , NMPM, Lea	County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	<u> </u>		
Name of Authorized Transporter of Oil	S or Condensate	Address (othe address to Enter offer		
Tesoro Crude Oil Company Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas		8700 Tesoro Dr., San Antonio, TX 78286 Address (Give address to which approved copy of this form is to be sent)		
Cities Service Oil C	Ompany Unit Sec. Twp. Pge.	P.O. Box 300 Tulsa, Is gas actually connected?	<u>0K 74102</u>	
If well produces oil or liquids, give location of tanks.	N 23 95 37E	yes I	Jan. 1976	
If this production is commingled wi	th that from any other lease or pool, g			
COMPLETION DATA Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res	
Designate Type of Compress Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth	
Lievalions (DF, KKB, KT, GK, etc.)			Depth Casing Shoe	
Perforations				
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
			······································	
		fter recovery of total volume of load oil	l and must be equal to as exceed ton al	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of total volume of total offerences of total volume of total offerences of total volume, gas left of the second offerences of total volume, gas left of total volume, gas		
Date First New Oil Run To Tanks	Date of Test	Producing Method (r tow, pump, gus t		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas - MCF ,	
Actual from Daning				
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 COMPLIA	NCE		ATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information giver above is true and complete to the best of my knowledge and belief.		APPROVED JUL 16 1982		
		ORIGINAL SIGNED BY		
		TITLEDISTRICT	T 1 SUPR.	
\sim R	,	and the second for all	n compliance with RULE 1104.	
(Signature)		I i i i fair must be accom	If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.	
Production C	lerk	- All sections of this form t	must be filled out completely for a	
(Title) July 13, 1982		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit		
July 13, 190	[Dale]	well name or number, or transp	notter, or other such thange of const nust be filed for each pool in mul	

completed	

•