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| 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

I.

| | | |
|---|---|---|
| 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 <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | GAS MUST NOT BE EXCEPTED TO R-400 6/10/74 IS OBTAINED. |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|------------------------|
| Lease Name Bilbrey "23" | Well No. 3 | Pool Name, Including Formation West Sawyer San Andres | Kind of Lease State, Federal or Fee Federal | Lease No. LC-065151 |
| Location Unit Letter M ; 660 Feet From The West Line and 660 Feet From The South Line of Section 23 Township 9-S Range 37-E , NMPM, Lea County | | | | |

III. 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"/> None | 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 L | Sec. 23 |
| | Twp. 9S | Pge. 37E |
| | Is gas actually connected? No | |
| | When | |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Rest'v. <input type="checkbox"/> | Diff. Rest'v. <input type="checkbox"/> |
| Date Spudded 3-17-74 | Date Compl. Ready to Prod. 4-10-74 | | Total Depth 5065' | | P.B.T.D. 5050' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3977' D.F. | Name of Producing Formation San Andres | | Top Oil/Gas Pay 4989' | | Tubing Depth 5030' | | | |
| Perforations 4989, 90, 91, 92, 93, 94, 99, 5000, 01, 05, 08, 12'. | | | | | Depth Casing Shoe 5050' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 414' | | 250 sx Class "C", 2% Ca | | | |
| 7-7/8" | 4-1/2" | | 5065' | | 250 sx Class "H" Poz | | | |

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 4-10-74 | Date of Test 4-19-74 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 Hrs. | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test | Oil-Bbls. 92 | Water-Bbls. 10 | Gas-MCF 64.8 |

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) | Casing 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.

John A. Swartz
(Signature)

Petroleum Engineer
(Title)

April 22, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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.