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NEW MEXICO OIL CONSERVATION COMMISS.
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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name Allied "93"		Well No. 4	Pool Name, Including Formation Sawyer San Andres	Kind of Lease State, Federal or Fee Fed. - NM	Lease No. 0103893
Location					
Unit Letter E	1980	Feet From The North	Line and 660	Feet From The West	
Line of Section 24	Township 9-S	Range 37-E	NMPM,	Lea	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation		P. O. Box 3119, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Cities Service Oil Company		P. O. Box 300, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 24	Twp. 9S	Rge. 37E	Is gas actually connected? When Yes 8-21-74

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

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7-14-74	Date Compl. Ready to Prod. 8-13-74	Total Depth 5070'		P.B.T.D. 5040'					
Elevations (DF, RKB, RT, GR, etc.) 3985' DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 4997'		Tubing Depth 5038'					
Perforations 1 jet shot at 4997, 5001, 03, 05, 09, 10, 12 & 13				Depth Casing Shoe 5040'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		400'		250 sx Cl "C", 2% CaCl				
7-7/8"	5-1/2"		5070'		200 sx Cl "H" Poz, 2% gel				
				0.75% CFR-2, 8 lbs salt/s					

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 8-15-74	Date of Test 8-21-74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 7	Gas-MCF 123

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

Byron H. Hearn
(Signature)
Production Manager
(Title)
August 28, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED 8-28-74, 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.