

Operator

Flag-Redfern Oil Company

Address

P.O. Box 11050Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Bilbrey 23

Well No.

4

Pool Name, Including Formation

Sawyer, West (San Andres)

Kind of Lease

State, Federal or Fee

Fed.

Lease No.

LC-065151

Location

Unit Letter

I

1980

Feet From The

South

Line and

660

Feet From The

East

Line of Section

23

Township

9S

Range

37E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Lantern Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 2281, Midland, TX 79702

Name of Authorized Transporter of Casinghead Gas

Cities Service Oil Company

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 300, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.

Unit

L

Sec.

23

Twp.

9S

Rge.

37E

Is gas actually connected?

yes

When

5/75

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

F.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

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

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.

Judy Benton

Senior Proration Analyst

1-25-85

OIL CONSERVATION COMMISSION

JAN 30 1985

APPROVED

Eddie W. Seay

Oil & Gas Inspector

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.

RECEIVED

JAN 28 1985

U.S.
HOUSE OF REPRESENTATIVES