٢	NO. OF COPIES RECEIVED	-		• •					
-	DISTRIBUTION SANTA FE		SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	FILE		AND						
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NAT	URAL GAS					
-	LAND OFFICE OIL IRANSPORTER GAS								
┝	OPERATOR								
1.	PRORATION OFFICE								
-	Flag-Redfern Oil Compan								
ŀ	P. O. Box 23, Midland, Reason(s) for filing (Check proper box)		Other (Please exp	lain)					
	New Well	Change in Transporter of: Oil Dry Gas							
	Recompletion Change in Ownership	Casinghead Gas Condense							
L	(f change of ownership give name		ate 🔲 📔 Change Le						
6	and address of previous owner								
<b>n</b> . 1	DESCRIPTION OF WELL AND L	Well No. Pool Name, including For		nd of Lease ite, Federal or Fe	L住 <b>59</b> 年9 <sup>%</sup> 0.				
	State "16-A" Com.	1 Sawyer (San And	ires)	ite, reactar cr r	** StateLG-0691				
	Location Unit LetterD;660 Feet From TheNorth Line and660 Feet From TheWest								
	Line of Section 16 Town	uship 9S Range 3	88Е , ММРМ,	Lea	County				
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS		hich approved or	py of this form is to be sent)				
	Name of Authorized Transporter of Oil	or Condensate	Address   othe bounded to a						
	The Permian Corporation	nghead Gas or Dry Gas X	P. O. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be se						
	Cities Service Oil Comp	bany	P. O. Box 300,	Tulsa, Okl	ahoma 74102				
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?		anuary 1, 1976				
	give location of tanks. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:								
IV.	If this production is commingled with COMPLETION DATA			Deepen Plu	g Back Same Res'v. Diff. Res'v.				
•	Designate Type of Completion	n – (X) X	New Well Workover		3.T.D.				
	Date Spudded 8-5-74	Date Compl. Ready to Prod. 9-11-74	5015'		4997'				
	Elevations (D.F, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tu	bing Depth				
	3964' DF	San Andres	4899'	De	4983' pth Casing Shoe				
	Perforations 4899-4959'				<u>4997'</u>				
	4077 4755		CEMENTING RECORD	<u> </u>	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 376'		250				
	12-1/4"	8-5/8" 4-1/2"	5015'		250				
	1-1/8								
				Ì					
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a, oble for this de	fter recovery of total volume pth or be for full 24 hours)	of load oil and	must be equal to or exceed top allow				
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, e	:c.)				
	Length of Test	Tubing Pressure	Casing Pressure Water-Bbls.		hoke Size				
	Actual Prod. During Test	Oil-Bbls.			Gas-MCF				
	l		<b>-</b>						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		ravity of Condensate				
	Testing Method (pitot, back pr.)	thod (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressur		ln) C	hoke Size				
1/1	. CERTIFICATE OF COMPLIAN	CE	OIL C	ONSERVATI	ATION COMMISSION				
I Y				, 19					
	I hereby certify that the rules and Commission have been complied								
	above is true and complete to the	e best of my knowledge and belief.		<u>`</u>					
		$\Gamma$			npliance with RULE 1104.				
	A DI	Viali		and for allowah	is for a newly drilled or deepen				
		17	he eccomognit	d by a tabulation of the deviation of with RULE 111.					
		n Engineer	All sections of	this form must	be filled out completely for allo				
	(T	itle)	able on new and rec	completed well	s. TT and VI for changes of owne				
	April 13,	, 1970	Fill out only Sections I, II, III, and VI for changes of owne well name or number, or fransporter, or other such change of conditio						

(Date)

	Fill well nan	out	only numb	Sections er, or trar	I, spo	II. ort≥	III, r, or	and othe	VI r su	for ich (	c: ha	នេពន្ធ៖ ពន្ធថ	ee lo	of cor	owne iditie	55 20
- 11	WCII IIMI			•												.1