NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		L_
	GAS		<u> </u>
OPERATOR			L_
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	DISTRIBUTION SANTA FE	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		
	U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS			
1.	PRORATION OFFICE					
-	Operator					
	Flag-Redfern Oil Company  ddress  P. O. Box 23, Midland, Texas 79701  Other (Please explain)  Other (Please explain)					
	P. O. Box 23, Midland Reason(s) for filing (Check proper box)	, Texas 79701	Other (Please explain) CASINGHEAD GAS	MUST, NOT BE		
	New Well	Change in Transporter of:	CASINGHEAD GAS	12/1/2		
	Recompletion	Oil Dry Gas Condensat	THE THE STORE AND ELECTRICAL	MON 10 re-xo.o		
	Change in Ownership	Casinghead Gas Condensat	IS OBTAINED.			
	If change of ownership give name and address of previous owner					
11.	. DESCRIPTION OF WELL AND L	EASE   Well No.   Pool Name, Including Form	nation Kind of Lease	Lease No.		
	Lease Name	3 Sawyer (San		Fee Fed. LC-065151		
	Bilbrey "51"			N- ath		
	Unit Letter G : 198	BO Feet From The East Line of	and 2180 Feet From The	North '		
			37E , NMPM,	Lea County		
	Line of Section 23 Town	nship 95 Range		<del></del>		
	. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)		
Ш	Name of Authorized Transporter of Oil	<u>K.</u>	0 m 0 - 241 11 3	marra 70701		
	The Permian Corporati	ion	P. O. Box 3119. Midland Address (Give address to which approve	d copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	Indused Gos [7]				
	None	Out 1960.	Is gas actually connected? When	9-21-75		
	If well produces oil or liquids, give location of tanks.	L 23 9S 37E	Yes	9-21-73		
17	If this production is commingled wit	th that from any other lease or pool, g	New Well Workover Deepen	Plug Back   Same Res'v.   Diff, Res'v		
	Designate Type of Completion	. •••	x	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	5045'		
	8-13-75	9-21-75	50521 Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	5012'	5034'		
	3977 GR	San Andres		Depth Casing Shoe		
	5012-16, 5024-27, 50	32-34'	THE PECOPO	3043		
		TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	3921	250 sx C1 "C", 2% CaC1		
	12-1/4"	4-1/2"	50521	250 sx C1 "C" Poz, 2% gel, 3/4% CFR-2, 8# s		
	7-7/8"			ger, 3/4% CFR 2, 3%		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)						
	Olf WEIL.					
	Date First New Oil Run To Tanks	9-26-75	Pump	Choke Size		
	9-21-75 Length of Test	Tubing Pressure	Casing Pressure	-		
	24 hrs	-	Water - Bbls.	Gas-MCF		
	Actual Prod. During Test	Oll-Bbls.	31	61		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test				
	to the design back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	3	OIL CONSERVATION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE				VATION COMMISSION		
I hereby certify that the rules and regulations of the On Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY John as Kungan			
	above is true and complete to	fue dest or my knowledge and party				
			TITLE	to be filed in compliance with RULE 1104.		
	Dyron (	V. Dreamer/n	well, this form must be accom	panied by a tabulation of the devi- cordance with RULE 111.		
(Signature)			well, this form must be accompanied by a think RULE 111.  tests taken on the well in accordance with RULE 111.			

Production Manager

(Title) September 27, 1975

(Date)

All sections of this form must be filled out completely for a 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 cond

Separate Forms C-104 must be filed for each pool in mul