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| SANTA FE               |            |
| FILE                   |            |
| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION 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-1  
Effective 1-1-65

Operator

Flag-Redfern Oil Company

Address

P.O. Box 23 Midland, 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

II. DESCRIPTION OF WELL AND LEASE

|                    |                                                         |                            |                  |
|--------------------|---------------------------------------------------------|----------------------------|------------------|
| Lease Name         | Well No., Pool Name, including Formation                | Kind of Lease              | Lease No.        |
| Bilbrey "23"       | 6 Sawyer, W. (San Andres)                               | State, Federal or Fee Fed. | LC-06515         |
| Location           |                                                         |                            |                  |
| Unit Letter P      | 800 Feet From The East Line and 800 Feet From The South |                            |                  |
| Line of Section 23 | Township 9S                                             | Range 37E                  | NMFL, 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Basin, Inc.                                                                                                              | P.O. Box 2297 Midland, TX 79702                                          |
| 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, OK 74102                                             |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| L 23 9S 37E                                                                                                              | Yes 7-31-76                                                              |

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                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'ty.      | Diff. Res'ty. |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |                   |               |
| Elevations (DE, H&B, 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 |          |        |           |                   |               |
|                                      |                             |                 |              |          |        |           |                   |               |
|                                      |                             |                 |              |          |        |           |                   |               |
|                                      |                             |                 |              |          |        |           |                   |               |

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 | 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 (pump, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

I. 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.

Production Manager

(Title)

June 1, 1979

(Date)

OIL CONSERVATION COMMISSION

JUN 5 1979

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ Orig. Signed by

Jerry Sexton

TITLE \_\_\_\_\_ Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.

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

RECEIVED

JUN 1 1979

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED