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HA OIL CONS. Drawer DD	COMMISSION J		$\widehat{}$	
	88210			
Form 9–331 Dec. 1973				Approved. et Bureau No. 42-R1424
	UNITED STATES	10.5	5. LEASE	
	DEPARTMENT OF THE INTE	IOR	6. IF INDIAN, ALLOTTEE	09815-C
	GEOLOGICAL SURVEY			OR TRIBE NAME
(Do not use this t	NOTICES AND REPORT		7. UNIT AGREEMENT NA	AME
	m 9–331–C for such proposals.)		8. FARM OR LEASE NAM	
1. oil well 🕅	gas well other		<u>Merren Montgome</u> 9. WELL NO.	et y
2. NAME OF	OPERATOR		11	
	dfern Oil Company		10. FIELD OR WILDCAT NAME	
	OF OPERATOR ox 11050 Midland, Texas	79702	Bluitt 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-8-S R-8-E	
	OF WELL (REPORT LOCATION CLE	· · · · · · · · · · · · · · · · · · ·		
below.)	555			
AT SURFA	CE: THE AND FE		12. COUNTY OR PARISH	
AT TOTAL			Roosevelt 14. API NO.	New Mexico
16. CHECK AF	PROPRIATE BOX TO INDICATE N	TURE OF NOTICE,		
	REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW 3972	DF, KDB, AND WD) 2 KDB
REQUEST FOR TEST WATER		IT REPORT OF:		<b>1</b> 29
FRACTURE TR				NO DO
SHOOT OR AC				6 - C
PULL OR ALT			(NOTE: Report results of mu 	Iltiple completion or zo
MULTIPLE CO				
CHANGE ZONE ABANDON*	is 🗌 🗍			
(other)				
including measured	PROPOSED OR COMPLETED OPER estimated date of starting any prop and true vertical depths for all mark	ed work. If well is o 's and zones pertine	directionally drilled, give sub nt to this work.)*	surface locations and
	cement retainer at 3451 x cement on top of reta			
	ted 20 sx plug from 274 1/2" casing. (Left 347			2'. Pull 33 Jts
	25 sx plug from 1361' t urs. Tag cement at 316			
evel and wel	d permanent marker monu	ent in place.		
			₽., , <sup>6</sup>	
Subsurface Sa	ety Valve: Manu. and Type		Set	@ Ft.
.8. I hereby cr	rtify that the foregoing is true and co			
SIGNED	elly annun m	Englissed	DATE 8/91	33
	APPROVED This spa	for Federal or State of	ffice use)	
(Orig.	bgd.) PETER W. CHESTER			
APPROVED BY	APPROVAL. IF ANY:	E.	DATE	
	141197			
	1985			

## Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regunat procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

State or Federal office for specific instructions equres and practices, either are shown below or will be issued by, or may be obtained from, the local reversal and/or state online. Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

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Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or sate offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed taken, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of welcand date well site conditioned for final inspection locking top of welcand date well site conditioned for final inspection looking to approval of the abandonment.



DISTR'BUTION SANTA FE		OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA		
Flag-Redfern Oil Comp	any			
Address P.O. Box 2280	Midland, Texas 79702			
Reason(s) for filing (Check proper box)	fildland, fendb 77702	Other (Please explain)		
New Well	Change in Transporter of: Oil X Dry Gas			
Recompletion Change in Ownership	Casinghead Gas Condens			
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND L Lease Name Merren Montgomery Federa	Well No. Pool Name, Including For	State, Federal		
Location	E North the	and 765 Feet From T	he East	
Unit Letter <u>A</u> ; <u>55</u>	5Feet From The_ <u>_North_</u> Line			
Line of Section 20 Tow	nship <u>85</u> Range 3	BE, NMPM, ROOS	sevelt County	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	red copy of this form is to be sent)	
Name of Authorized Transporter of Oil Tesoro Crude Oil Compa		8700 Tesoro Dr San	Antonio, TX 78286	
Name of Authorized Transporter of Cas	inghead Gas 📄 or Dry Gas 📄	Address (Give address to which approv	ed copy of this form is to be sent)	
None If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? Whe	n	
give location of tanks. If this production is commingled wit	A 20 8S 38E	no		
If this production is commingled with . COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res/v. Diff. Bes/	
Designate Type of Completio				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/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 F	OR ALLOWABLE (Test must be a,	fter recovery of total volume of load oll	and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li		
	Muhlan Dasabila	Casing Pressure	Choke Size	
Length of Test	Tubing Pressure			
Actual Prod, During Test	Oll-Bbls.	Water-Bbls.	Gas-MCF	
	,,			
GAS WELL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
Testing Mothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
resting Method (pitot, back pity				
	<ol> <li>CERTIFICATE OF COMPLIANCE</li> <li>I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given</li> </ol>		OIL CONSERVATION COMMISSION	
Countralas house been complied			ORIGINAL SIGNED BY	
above is true and complete to th	the best of my knowledge and belief.	JERRY SEXTON		
0		TITLEDISTRICT-1 S		
and Ben	ton	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 deviation.		
	nature)	tests taken on the well in accordance with AULE 111.		
Production Cle	erk	All sections of this form must be filled out completely for all able on new and recompleted walls.		
July 13, 1982	Datej	Fill out only Sections I. II. 111, and VI for changes of own- well name or number, or transporter, or other such change of cond the Separate Forma C-104 must be filed for each pool in multi-		
•		completed wells.		



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