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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

Operator Flag-Redfern Oil Company	
Address P.O. Box 23 Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 3/1/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED	

If change of ownership give name
and address of previous owner.

DESCRIPTION OF WELL AND LEASE

Lease Name Citgo State	Well No. 2	Pool Name, Including Formation Bluitt (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-4128
Location Unit Letter J ; 467 Feet From The East Line and 2130 Feet From The South				
Line of Section 16 Township 8-S Range 38-E , NMFM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1073 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 16	Twp. 8-S	Rge. 38-E	Is gas actually connected? No	When ---

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
XX			XX					
Date Spudded 11-12-78	Date Compl. Ready to Prod. 12-30-78		Total Depth 4845		P.B.T.D. 4833			
Elevations (DF, RKB, RT, GR, etc.) 3982' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4791		Tubing Depth 4782'			
Perforations 4791-93, 4796-99, 4806-11, 4815'					Depth Casing Shoe 4844'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	435'	250 sx. Class C
7-7/8"	4-1/2"	4844	250 sx. Pozmix
	Stage Collar	2311	600 sx. Hall Lite
	2-3/8"	4782	Circ.

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)

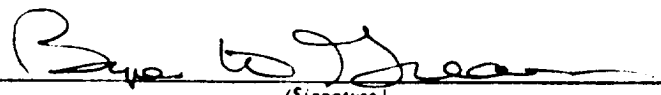
Date First New Oil Run To Tanks 12-9-78	Date of Test 12-30-78	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/4" x 12' Insert	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 13.2	Oil - Bbls. 13.2	Water - Bbls. 16	Gas - MCF 17

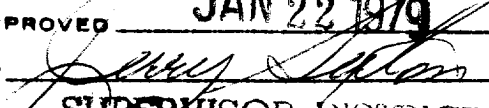
GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.


(Signature)
Production Manager
(Title)
January 4, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 22 1979, 19
BY 
TITLE SUPERVISOR DISTRICT 1

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.

