HO. OF COPIES MEC					
DISTRIBUTION					
SANTA FE					
FILE					
U.5 G.S.			,		
LAND OFFICE					
TRANSPORTER	OIL				
	G A S				
OPERATOR					
PROMATION OFFICE					
Operator .			•		
Flag-Redfe	ern Oi	i 1 (Comp		
Address					
P.O. Box 23			Mid		
P.O. Box 2	23		M		

(Date)

	SANTA LE FILC	REQUEST	FOR ALLOWABLE AND		Effective 1-1	Old C-104 and C-1 -65			
	U.S G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GAS						
	TRANSPORTER OIL								
	OPERATOR GAS		•	-					
2	PROMATION OFFICE Operator								
	Flag-Redfern Oil Company								
	P.O. Box 23 Midland, TX 79702								
	Reason(s) for filing (Check proper box) Other (Flease explain)								
	New Well Recompletion	Change in Transporter of:	-						
	Change in Ownership		ensate						
	If change of ownership give name and address of previous owner								
11	DESCRIPTION OF WELL AND								
	Lease Name Amoco Federal	2 Tom-Tom San A		Kind of Lease State, Federal		- Lease No.			
	Location		mures		Federal	NM-13418			
	Unit Letter : 19	80 Feet From The West Li	ne and 1980	Feet From T	The South				
	Line of Section 23 To	waship 7-S Range	31-Е , ммрм	, Chav	es	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G							
	Name of Authorized Transporter of Oil Matador Pipeline, In		Address (Give address			· ·			
	Name of Authorized Transporter of Cas	P.O. Box 1558 Breckenridge TX 76024 Address (Give address to which approved copy of this form is to be sent)							
	None	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? Whe	n				
	If well produces oil or liquids, give location of lanks,	N 23 7-S 31-E							
IV.	If this production is commingled wis COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:					
	Designate Type of Completic	on - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Re	siv. Diff. Resiv.			
	Date Spudged	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oll/Gas Pay		Tubing Depth				
	Perforations		,	Depth Casing Shoe					
			D CEMENTING RECOR						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CE	MENT			
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 top allowable for this depth or be for full 24 hours)								
	Date First New ON Run To Tanks	Date of Test	Producing Method (Flow	pump, gas lift.	, etc.)	-			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
	Actual Pred, During Test	OII-Bble.	Water-Bbls.		Gas - MCF	The state of the s			
						there are street and the second secon			
	GAS WELL		·						
	Actual Prod. Teet-MCF/D	Length of Text	Bbls. Condensate/MMCF		Gravity of Condensate	William broken kalangan gar gigan app appangan a			
	Testing Mothed (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Francure (Shut-	2n)	Choke Size				
/1.	CERTIFICATE OF COMPLIANCE	177	OU C	ONGERVAT	TON COMMISSIO	k i			
•	CONTRACT OF COMPANIENCE	•••							
	I hereby certify that the rules and re Commission have been complied wi	ith and that the information given	AFPROVED AUG 20 1979 19 19		19				
	pove is true and complete to the best of my knowledge and belief.		BY Jerry Sexton						
			[[] [] [] [] [] [] [] [] [] [and the second s	THE STREET STREET, STR	a a definition of the Aspert System of the Aspert			
	1 Syra (T)	Dream	If this is a renu-	ert for allows	mpliance with RULE ble for a newly drille	ed or deepend "			
•	(Signat	tire)	If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation that is in on the well in accordance with RUL2 111.						
•	Production Manager (Fide)			hla form must	be filled out comple				
	August 16, 1979	and the second s			III, and VI for the	were of owner			

Fift out only Sections I, H. III, and VI for changes of owner well never at norther, at transporters or other such changes of condition operate. Forms C-104 must be filed for each pool in multiple