

NEW MEXICO OIL CONSERVATION COMMISS  
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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator Flag-Redfern Oil Company	
Address P.O. Box 23, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 2/1/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Amoco-Federal	Well No. 2	Pool Name, Including Formation Tom Tom San Andres	Kind of Lease Federal State, Federal or Fee USA	Lease No. NM-13418
Location				
Unit Letter K	1980	Feet From The West	Line and 1980	Feet From The South
Line of Section 23	Township 7-S	Range 31-E	NMPM, Chaves	County

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)	
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None	--	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23
	Twp. 7-S	Rge. 31-E
	Is gas actually connected? No	
	When --	

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

N.A.

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-3-78	Date Compl. Ready to Prod. 3-21-78	Total Depth 4100'	P.B.T.D. 4093'					
Elevations (DE, RKB, RT, GR, etc.) 4375 G.L.	Name of Producing Formation San Andres	Top Oil/Gas Pay 3974'	Tubing Depth 3950'					
Perforations 1 shot per ft: 3974, 79, 81, 82, 83, 93, 94, 95, 4000, 4009, 10, 14, 15, 20, 24, 27, 28, 34 Total of 18 holes		Depth Casing Shoe 4100'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 423'	SACKS CEMENT 250					
7-7/8"	4 1/2"	4100'	900					
	2-3/8"	3950'						

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 3-21-78	Date of Test 3-21-78	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" X 1 1/2" X 12'	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 5	Gas - MCF 16

GAS WELL N.A.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Steve W. Rossler  
Steve W. Rossler (Signature)  
Petroleum Engineer  
(Title)  
4-12-78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 23 1978, 19  
BY [Signature]  
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.