DISTRIBUTION	- 'EW MEXICO OIL	CONSERVATION COMMISSI	Form C-104	
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old Colos and Collo	
FILE	-	AND	Ellective 1-1-55	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	SAS	
011	- ·			
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE	1		-	
Flag-Redfern Oil Com	pany			
Address	<u> </u>			
P.O. Box 11050	Midland, Texas 79702			
Reason(s) for filing (Check proper box	•	Other (Please explain)		
Recompletion	Change in Transporter of: Oti X Dry C		-	
Change in Ownership				
(change of ownership give name				
nd address of previous owner	· · ·			
ESCRIPTION OF WELL AND	LEASE			
Lease Name	Well No. Pool Name, Including	Formation Kind of Lease	Lease No.	
Amoco Federal	4 Tom-Tom (San	Andres') State, Federal	or Fee Fed. USA NM 13418	
Location	0	1000		
Unit Letter <u>L</u> ; <u>66</u>	OFeet From The <u>West</u> L	ine and <u>1980</u> Feet From 7	The South	
Line of Section 26 Tou	mship 7S Range	31E , NMPM, Cha	aves County	
Second Arton of the Asienon				
DESIGNATION OF TRANSPORT		AS Address (Give address to which approv	ved copy of this form is to be sent)	
Lantern Petroleum Comp		P.O. Box 2281 Midlar	nd, TX 79702	
Name of Authorized Transporter of Casinghead Gas was or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
Cities Service Company			OK 74102	
If well produces all or liquids, give location of tanks.	Unit Sec. Twp. P.go. N 23 75 31E	Is gas actually connected? Whe Yes	11/79	
f this production is commingled with	th that from any other lease or pool			
COMPLETION DATA	· · ·			
Designate Type of Completio	on — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	<u> </u>		Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	VD CEMENTING RECORD		
HOLE SILE		DEPTH SET	SACKS CEMENT	
	-			
		·		
			<u> </u>	
TEST DATA AND REQUEST FO		after recovery of total volume of load oil t depth or be for full 24 hoursj	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, esc.)	
Length of Test	Tubing Pressure	Casing Pressure	Chake Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbla.	Gas - MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Teat	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	፲ ርድ		TION COMMISSION	
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.		APPROVED JAIN 3 U 1985		
			BY Cil & Gas inspector	
		**		
0		11		
Audy Banton		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly drilled or deepened		
(Signature)		well, this form must be accompany	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.	
Senior Proration Analyst		All sections of this form must be filled out completely for allow-		
(Title)		sole on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
] (Date)		well name or number, or transport	well name or number, or transporter, or other such change of condition.	
		Separate Forma C-104 must completed wells.	be filed for each pool in multiply	

RECEIVED

JAN 28 1985 0.C.D. KOBS OFFICE