| NO. OF COPIES RECEIVED | | | |
|---|---|---|---|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| 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-11*
Effective 1-1-65

I.

Operator
Flag-Redfern Oil Company

Address
P.O. Box 23 Midland, TX 79702

Reason(s) for filing *(Check proper box)*
New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [XX]
Casinghead Gas [ ]
Dry Gas [ ]
Condensate [ ]

Other *(Please explain)*

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

II. DESCRIPTION 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 Federal | L-3418 |

Location
Unit Letter L ; 660 Feet From The West Line and 1980 Feet From The South

Line of Section 26 Township 7S Range 31E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]
Matador Pipeline Company

Address *(Give address to which approved copy of this form is to be sent)*
P.O. Box 1558 Breckenridge, TX 76024

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | N | 23 | 7S | 31E | No | ---- |

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

IV. COMPLETION DATA

| Designate Type of Completion – (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | XX | | XX | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 9-15-78 | 10-16-78 | 4105 | 4097 |
| **Elevations** *(DF, RKB, RT, GR, etc.)* | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 4367 GL | San Andres | 3957 | 4104 |
| **Perforations** 3957,38,61,65,66,80,82,87,88,92,93,94,97,98,99, 4007,08,13,14,18,24,25 | | | **Depth Casing Shoe** |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 11" | 8-5/8" | 1690 | 750 sx. |
| 7-7/8" | 4-1/2" | 4104 | 250 sx. |
| | | | |
| | | | |

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)*

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | |
|---|---|---|---|
| | | | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| | | | |
| **Actual Prod. During Test** | **Oil-Bbls.** | **Water-Bbls.** | **Gas-MCF** |
| | | | |

GAS WELL

| 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** |
| | | | |

VI. 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.

Judy Barton
*(Signature)*

Production Clerk
*(Title)*

January 30, 1979
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED FEB 5 1979, 19____

BY Orig. Signed by John Runyan

TITLE Geologist

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 operator, well name or number, transporter, or other such changes of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.