

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

DISTRIBUTION	
SANTA FE	
FILE	
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 (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3/1/79</u> 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. 4	Pool Name, Including Formation Tom-Tom San Andres	Kind of Lease State, Federal or Leasing Federal	Lease No. 13418
Location Unit Letter <u>N</u> : 660 Feet From The West Line and 1980 Feet From The South				
Line of Section 26 Township 7S Range 31E, 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)					
Koch Oil Company	2205 Wilco Bldg., Midland, TX 79701					
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. 26	Twp. 7S	Rge. 31E	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 9-15-78	Date Compl. Ready to Prod. 10-16-78		Total Depth 4105		P.B.T.D. 4097			
Elevations (DF, RAB, RT, GR, etc.) 4367 G.L.	Name of Producing Formation SA		Top Oil/Gas Pay 3957		Tubing Depth 4104			
Perforations 3957, 58, 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 11"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 1690		SACKS CEMENT 750 SX			
7-7/8"	4-1/2"		4104		250 SX			

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 10-16-78	Date of Test 10-16-78	Producing Method (Flow, pump, gas lift, etc.) Pump 2" X 1-1/4" X 12' insert	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 11	Water-Bbls. 1	Gas-MCF 8

GAS WELL

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

Judy Benton
(Signature)
Production Clerk
(Title)

1-25-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 29 1979, 19_____
BY John W. Remy
Geologist
TITLE _____

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.