

S.A. 74		REQUEST FOR ALLOWABLE		Supersedes OIA C-104 and C-111	
LE		AND		Effective 1-1-65	
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
AND OFFICE					
TRANSPORTER		OIL			
		GAS			
PERATOR					
ORATION OFFICE					

Operator  
Flag-Redfern Oil Company  
Address  
P.O. Box 11050 Midland, Texas 79702  
Person(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Change of ownership give name  
Address of previous owner

DESCRIPTION OF WELL AND LEASE  
Well Name Well No. Pool Name, Including Formation Kind of Lease Lease No.  
John F. "A" Fed 1 Tom-Tom (San Andres) State, Federal or Fee Fed. NM-16637  
Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East  
Line of Section 27 Township 7-S Range 31-E, NMPM, Chaves County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Tesoro Crude Oil Company 8700 Tesoro Drive, San Antonio, TX 78286  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
None  
Well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When  
or location of tanks. H 27 7-S 31-E No

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

COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well 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  
Elevations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)  
Well

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing 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.  Judy Benton (Signature) Production Clerk 7-2-84 (Date)	OIL CONSERVATION COMMISSION JUL - 6 1984 APPROVED _____, 19____ BY _____ 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.
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RECEIVED

JUL 5 - 1984

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