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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-111
Effective 1-1-65

1.

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"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7/1/79 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hahn Federal "A"	Well No. 1	Pool Name, including Formation Tom-Tom (San Andres) R-6169	Kind of Lease State, Federal or Fee Federal	Lease No. 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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Basin, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2297 Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 H	Sec. 27	Twp. 7-S	Pge. 31-E
	Is gas actually connected?		When	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-22-79	Date Compl. Ready to Prod. 4-17-79		Total Depth 4100		P.B.T.D. 4085			
Elevations (DF, R&B, RT, GR, etc.) 4368' GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 3940'		Tubing Depth 3850'			
Perforations 3940 - 4007'					Depth Casing Shoe 4100'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		1590'		500 sx.			
7-7/8"	4-1/2"		4100'		250 sx.			
	2-3/8"		3850'					

V. 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 4-1-79	Date of Test 4-17-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bble. 21	Water-Bble. 5	Gas-MCF 8

GAS WELL

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

Raymond H. Brown
(Signature)

Engineer

(Title)

5-18-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 21 1979, 19____
BY *[Signature]*
TITLE SUPERVISOR DISTRICT I

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 filled for each pool in multiply completed wells.