CISTRIBUTION SANTA FE	REQUEST F	Farm C-104 Supersedes Old Elfective 1-1-55	Form C +104 Supersedes Old C+104 and C+110 Elfective 1+1+55			
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE						
IRANSPORTER GAS						
OPERATOR PROBATION OFFICE	•					
Operator	······································	**************************************				
Flag-Redfern Oil Comp Address	Jany					
P.O. Box 11050	Midland, Texas 79702					
Reason(s) for filing (Check proper box)		Other (Please	explain)			
New Well Recompletion	Change in Transporter ol: Oti XX Dry Gas					
Change in Ownership	Casinghead Gas Condens	sate 🗍				
If change of ownership give name and address of previous owner		· · ·				
DESCRIPTION OF WELL AND I	LEASE					
Leise Nome	Well No. Pool Name, Including Fo		Kind of Lease	P T l	Lease No.	
Hahn Federal	6 Tom-Tom (San A	Andres)	State, Federal or	Fee Fed.	15677	
Unit Letter P : 660	Feet From The South Line	e and <u>660</u>	Feet From The	East		
Line of Section · 27 Tow	mship 7S Range 3	31E , NMPN	. Chave	29	County	
			•	<u> </u>		
DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GAS	S Aidzess (Give address	to which approved	copy of this form is to	be sent)	
Lantern Petroleum Comp		P.O. Box 2281		, <u>TX 79702</u>		
Nome of Authorized Transporter of Cas		Address (Give address			be sent)	
Cities Service Company If well produces oil or liquids,	Unit Sec. Twp. P.ge.	P.O. Box 300 Is gas actually connect		<u>0K 74102</u>		
give location of tanks.	N 27 75 31E	yes	l t	11/79		
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling orde	r number:		· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completio	n – (X)	New Well Workover	Deepen P	lug 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 Oll/Gas Pay	T	ubing Depth		
Perforations				epth Casing Shoe	ath Casing Shae	
	TUBING, CASING, AND					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT		
	-					
		·	·			
TEST DATA AND REQUEST FO		ter recovery of total val		must be equal to or e	ecesd top allow-	
OIL WELL Date First New Oil Run To Tanks	able for this dep Date of Test	pin or be for full 24 hour Producing Method (Flow		:tc.)		
	·					
Length of Test	Tubing Pressure	Casing Pressure Ch		Choke Size		
Actual Prod. During Test	Oll-Bbls.	Water-Ebis.	G	as - MCF		
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMC	if G	ircvity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (52at	-in) C	Choke Size		
CERTIFICATE OF COMPLIAN	۱ دو	011				
		JAN 3 0 1985				
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.		Eddie W. Seav				
		BYOil & Gas Inspector				
		TITLE				
Muder B.	ton.	If this is a rec	uest for allowabl	plience with RULE le for a newly drille	d or deepened	
(Signature)		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.				
Senior Proration Analyst		All actions of this form must be filled out completely for allow-				
L-25-85		able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.				
(Date)		well name or number, or transporter, or other such change of condition. Separate Forma C-104 must be filed for each pool in multiply completed wells.				

RECEIVED JAN ^{28 1985} HORSE