		01211
DISTRIBUT		101
SANTA FE		
FILE		
U,5.G,5.		
LAND OFFICE		
TRANSPORTER	CIL	
	CAS	
OPERATOR		
PROHATION OFFICE		
Operator		4.—

5-6-80

I.	FILE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL OPERATOR PROHATION OFFICE PROHATION OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROHATION OFFICE							
	Flag-Redfern Oil	Company						
	P.O. Box 23 Midland, Texas 79702							
	Reason(s) for filing (Check proper bo)×)	Other (Pleas	e explain)				
	Recompletion Change in Ownership	Change in Transporter of: CII Dry C Casinghead Gas Cond	Gas					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND			·				
	Amoco-Eederal	Well No. Pool Name, Including 8 Tom-Tom (San		Kind of Lease State, Federal or F	Federal	NM13418		
	Location T 217				,	_JAF113410		
		3 Feet From The South L	ne and <u>853</u>	Feet From The _	east			
	Line of Section 26 To	ownship 7–S Range	31-E , NMPN	. Chave	<u>s</u>	County		
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G						
	 Matador Pipeline, Inc.		Address (Give address P.O. Box 1558					
	Name of Authorized Transporter of C	asinghead Gas 🔀 💢 or Dry Gas 🗀	; Address (Give address :	to which approved c	opy of this form is t	o be sent)		
	Cities Service Company If well produces oil or liquids,	Unit Sec. Twp. Pige.	P.O. Box 300 7		4102			
	give location of tanks.	<u>M 26 7-S 31-E</u>	yes	Nov	. 1979			
٧.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,						
	Designate Type of Completi	on - (X) Gas Well	New Well Workover	Deepen Plu	g Back Same Res	s'v. Diff. Res'v		
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.E	3.T.D.			
	3-09-80	3-25-80	4150'		4124'			
	Elevations (DF, RKB, RT, GR, etc.) 4375 GR	Name of Producing Formation	Top Oll/Gas Pay		oing Depth			
	Perforations	San Andres	4009		4055 oth Casing Shoo			
	4009, 10, 18, 19, 24,	50, 51, 52, 53. D CEMENTING RECOR		4149				
	HOLE SIZE	CASING & TUBING SIZE	DEPTHISE		SACKS CEM			
	7-7/8"	8-5/8" 4-1/2"	1622† 4150') sx HLC +200			
			4130) sx 50/50 Po	0z-H		
	TEST DATA AND REQUEST F		ifter recovery of total volumenth or be for full 24 hours	ne of load oil and m	ust be equal to or e	xceed top alle		
j	Date First New Cil Run To Tanks	Date of Test	Freducing Method (Flow			*************************************		
-	3-25-80	3-25-80 Tubing Pressure	Pump 2"X1-1/		t oke Size			
	24				· -			
	Actual Pred, During Test	OII - Bbls.	Water - Bbls.	Gan	-MCF			
I.		1 44	30		13			
٢	GAS WELL Actual Prod. Tool-MCF/D							
	Actual Prod. 1881-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gra	vity of Condeneate			
	Testing Method (putot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Cho	ko Sizo			
I. 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.		OIL C	ONSERVATION MAY 12		19			
		BY June 1						
ando			THE SUPE	RVISOR DE	STRICT A	1104.		
-	J. J. Chel	us/	well, this form muct	ost for allowable to accompanied b	y a trbuletion of	the deviati -		
Production Engineer (Table)			tosis taken on the well in secondance with HULE 111. All rections of this form must be filled out completely for ellowable on new and recompleted wells.					

tests taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for ellowable on new and recompleted walls.

Fill out only bections I. H. Hi, and VI for changes of overswell name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wills.