DISTRIBUTION SANTA FE u.s.g.s. LAND OFFICE TRANSPORTER GAS

EW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	1 .									
PRORATION OFFICE		_	•					-		
Operator Flag-Redfern Oil Com Address	pany									
P.O. Box 11050	Midland,	Texas	79702							
Reason(s) for filing (Check proper bax					ther (Please	explain)				
New Well	Change in	n Transporte	er of;							
Recompletion Change in Ownership	011	C X	Dry Gas Conden			•				
Chenge in Consership	Casinghe	aa Cas	Conden	30:5		·				
Change of ownership give name nd address of previous owner		<u> </u>		:	· · ·	·				
ESCRIPTION OF WELL AND		T								
Amoco Federal	9 9	i	, Including Fo om (San A				or Fee Fed. USA NM13418			
Location		1 10111-11	om (sam r	indres) State, Federal of Fed. USA NM.13418						
Unit Letter 0; 85	3 Feet Fro	om The S	South Line	e and19	80	Feet From T	he Eas	t		
Line of Section · 26 To	waship 7S	· · · · · · · · · · · · · · · · · · ·	Range	31E	, NMPM	. Cha	ives .	• ;	County	
ESIGNATION OF TRANSPORT										
Name of Authorized Transporter of Oll	_	Condensate (Address (Give address to which approved copy of this form is to be sent)						
Lantern Petroleum Comp		or Dry	Gas	P.O. Box 2281 Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent)						
Cities Service Company					P.O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids,	Is gas actually connected? When									
f this production is commingled wi	M 1 26		31E	give commi		r number:	11/79			
COMPLETION DATA	i	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v.	
Designate Type of Completic			1	! !	1		1	! !	1	
Date Spudded	Date Compl. Ready to Prod.			Total Dept	h		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ucing Forma	tion	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
	•	TUBING, C	ASING, AND	CEMENTI	NG RECOR	10	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTHS		SACKS CEMENT			
	-									
	 			 		·	 			
TEST DATA AND REQUEST F	OR ALLOWA	ABLE (T				ime of load oil o	and must be e	qual to or exc	esd top allow-	
OII, WELL acts for this de					prin or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
							Chair Sin			
Length of Test	Tubing Press	ure		Casing Pre	sswe		Chake Size			
Actual Prod. During Test	Oil-Bbis.			Water - Bbi	в.		Gas - MCF			
CAS WELL										
GAS WELL Actual Prod. Test-MCF/D Length of Test					OMM\espene	F	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Press	we (Shut-	in)	Casing Pre	saure (Shut	:-in)	Choke Size			
			-		· · · · · · · · · · · · · · · · · · ·					
CERTIFICATE OF COMPLIAN	CE					CONSERVA Inni				
hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				APPROVED JAN 3 0 1985 , 19						
					This form is to be filed in compliance with RULE 1104.					
Judy Bonton					If this is a request for allowable for a newly drilled or despense					
(Stimiture)				tosta ta	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-						
1-25-85 (Title)				sble on new and recompleted walls. 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 concilion.					
					Separate Forma C-104 must be filed for each pool in multiply completed wells.					

REGEIVED

JAN 28 1985

O.C.D. HOSOS OFFICE