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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-1
Effective 1-1-65

I.

Operator Flag-Redfern Oil Company		
Address P.O. Box 23 Midland, Texas 79702		
Reason(s) for filing (check proper box)		Only (Please explain)
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/12/81 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion ☐		
Change in Ownership ☐		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nuckols "24"	Well No. 2	Lease Name, Including Formation Tom-Tom San Andres	Kind of Lease State, Federal or Fee	Fee	Lease No. 204242
Location Unit Letter <u>N</u> ; <u>660'</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>7-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Basin Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ -----	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 M	Sec. 24	Twp. 7-S	Rge. 31-E	Is gas actually connected? No	When -----

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 ☒	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug Back ☐	Same Res'tv. ☐	Diff. Res'tv. ☐
Date Spudded 3-9-81	Date Compl. Ready to Prod. 4-20-81	Total Depth 4160		P.B.T.D. 4140					
Elevations (DF, RAB, RT, GR, etc.) 4378 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4008		Tubing Depth 3984				
Perforations 4008-4056 Total of 22 holes.				Depth Casing Shoe 4160					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1650'		SACKS CEMENT 550 sx Hall. Lite, 200 sx Cl "C" 2%CaC 300 sx 50-50 Poz H				
7 7/8"	4 1/2"		4160'						
	2 3/8"		3984						

V. 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 oil
OIL WELL able for this depth or be for full 24 hours)

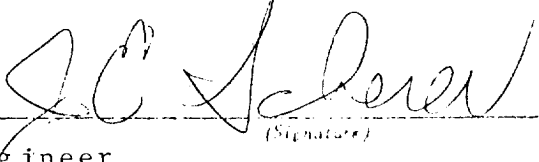
Date First New Oil Run To Tanks 4-12-81	Date of Test 4-20-81	Producing Method (Pilot, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 60	Water - Bbls. 1	Gas - MCF 23

GAS WELL

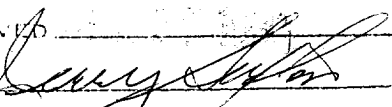
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.


Engineer
April 23, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE: SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of own
well name or number, or transporter, or other such change of condi
Supersedes Form C-104 must be filed for each pool in each