SANTA FE FILE U.S.G.S.

EW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-65

0.3.0.3.	_ AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL O	GAS
LAND OFFICE			
TRANSPORTER GAS	<u> </u>		
OPERATOR			
PRORATION OFFICE Operator			
Flag-Redfern Oil Con	npany		
P.O. Box 11050	Midland, Texas 79702		
Reason(s) for filing (Check proper ba		Other (Please explain)	
New Well	Change in Transporter of:	Olice (Liteuse explain)	· .
Recompletion	OII X Dry Ga	ıs 🗍	
Change in Ownership	Casinghead Gas Conden	nsate	
f change of ownership give name			
nd address of previous owner			
DESCRIPTION OF WELL AND			
Lease Name	Well No. Pool Name, Including Fo	· · · · · · · · · · · · · · · · · · ·	Fedae '42'
Amoco Federal	10 Tom-Tom (San A	Andres) State, Federa	or Fee Fed. USA NM 13418
·	990 Feet From The South Lin	e and 990 Feet From 1	The East
Line of Section 26	ownship 7S Range 3	SIE , NMPM, Cha	aves County
		•	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 📆 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)			and copy of this form in to be seed
Lantern Petroleum Company P.O. Box 2281 Midland, TX 79702 Nome of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)			red copy of this form is to be sent)
Citize Committee			•
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	
give location of tanks.	, M , 26 , 7S , 31E	yes	11/79
f this production is commingled w	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	ion - (X) Gas Well	New Well Warkaver Deepen	Plug 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 O!!/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>		1
	-		<u> </u>
TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fer recovery of total volume of load oil o	and must be equal to or exceed top allow-
OIL WELL	able for this de	più or be for full 24 hours)	
Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Chake Size
Actual Prod. During Test	Oil-Bbls.	Water - Bhis.	Gas - MCF
Vergat Lings partial sans	0.1.2.2.2.		043 11101
GAS WELL Actual Prod. Toot-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	ice	OIL CONSERVA	TION COMMISSION
	!	JAN 3	0 1985
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.		APPROVED JAN 3 0 1985 Eddie W. Seay	
		Eddie W. Sedy	
		Oil & Gas Inspector	
		TITLE	
O A R F		This form is to be filed in compliance with RULE 1104.	
(ludy 12 enlow		If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Senior Provation Analyst		All sections of this form must be filled out completely for allow-	
1-25-85		ship on new and recomplated walls. Fill out only Sections I. II. III. and VI for changes of owner,	
(Date) Fill out only Sections 1, 11, 111, and VI for Change of conditions (Date) Well name or number, or transporter, or other such change of conditions			en or other such change of condition.
		Separate Forma C-104 must be fited for each pool in multiply completed wells.	

RECEIVED

JAN 28 1985

O.C.D. HORES OFFICE