

DISTRIBUTION	
SANTA FE	
FILE	
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-11
Effective 1-1-65

Operator Flag-Redfern Oil Company	
Address P. O. Box 2280, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

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

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Southard "A"	Well No. Pool Name, including Formation 3 Tom-Tom (San Andres)	Kind of Lease State, Federal or <u>Fee</u> State	Lease No.
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>26</u> Township <u>7-S</u> Range <u>31-E</u> , NMPLM, <u>Chaves</u> County			

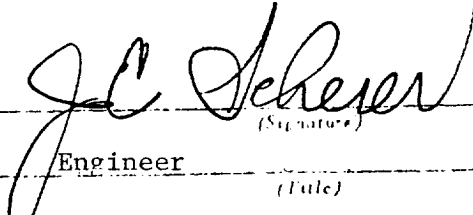
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Matador Pipeline, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 26	Twp. 7-S	Rge. 31-E	Is gas actually connected? Yes	When November, 1979

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐		
Date Spudded 1/6/82	Date Compl. Ready to Prod. 3/5/82	Total Depth 4150	P.B.T.D. 4147
Elevations (DF, RAB, RT, GR, etc.) 4374 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4139	Tubing Depth 4122
Perforations 4139, 38, 35, 34, 28, 27, 26, 22, 21, 15, 14, 09, 08, 02, 01, 4100, 4097, 96, 95, 94.			Depth Casing Shoe 4150
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1612	550 sx Hal Light
			200 sx C1 "C"
12 1/4"	4 1/2"	4150	250 sx 50-50 C1 "H"

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks 3/5/82	Date of Test 3/5/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 15	Water - Bbls. 15	Gas - MCF 11

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

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAY 3 1982</u> , 19__	
 Engineer (Signature)		BY <u>JERRY SEXTON</u> ORIGINAL SIGNED BY DISTRICT 1 SUPR.	
April 29, 1982 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition. Separate Form C-104 must be filed for each pool in multiple completed wells.	

RECEIVED

APR 8 1962

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