DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Southard "A"	3	Tom-Tom (San Andres)	State, Federal or Fee ~~State~~	

Location
Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East

Line of Section 26 Township 7-S Range 31-E , NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] 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 [X] 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	26	7-S	31-E	Yes	November, 1979

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'v.	Diff. Res'v.
	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/6/82	3/5/82	4150	4147
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4374 GR	San Andres	4139	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 Cl "C"
12 1/4"	4 1/2"	4150	250 sx 50-50 Cl "H"

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
3/5/82	3/5/82	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	--	--	--
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
--	15	15	11

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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.

J. C. Schreyer
(Signature)

Engineer
(Title)

April 29, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 3 1982, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPR.

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 deviation 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 changes of operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.