

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)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Southard "A"	Well No. 4	Pool Name, Including Formation Tom-Tom (San Andres)	Kind of Lease State, Federal or <u>Fee</u> <u>State</u>	Lease No.
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 26	Township 7-S	Range 31-E	NMPM, Chaves	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Matador Pipeline, Inc.	P. O. Box 1558, Breckenridge, Texas 76024					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Cities Service	P. O. Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 24	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:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/16/82	Date Compl. Ready to Prod. 3/5/82		Total Depth 4150		P.B.T.D. 4117			
Elevations (DF, RAB, RT, GR, etc.) 4371 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4091		Tubing Depth 3947			
Perforations 4091, 88, 87, 84, 83, 82, 81, 80, 37, 36, 35, 34, 31, 30, 25, 24, 23, 18, 17, 16, 11, 10, 07, 06, 02, 01, 4000, 3990, 88, 87, 71, 70, 68, 67, 66, 62, 61.					Depth Casing Shoe 4150			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1609		SACKS CEMENT 600 sx Light			
12 1/4"	4 1/2"		4136		200 sx C1 "C"			
					250 sx 50-50 Poz H			

III. 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. 5	Water-Bbls. 13	Gas-MCF 8

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

IV. 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  
(Title)  
April 29, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 1 1982, 19  
BY ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

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 tools 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 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 24 1982

HONOLULU, HI