

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
SOLAR PETROLEUM, INC.
Address
999 18th St., #1300, Denver, CO 80202
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner Hicks Enco, Inc., 2313 Santiago Ave., Farmington, NM 87401


II. **DESCRIPTION OF WELL AND LEASE**
Lease Name Navajo Tribe of Indians 'G' **Well No.** 201 **Pool Name, Including Formation** Horseshoe Gallup **Kind of Lease** Federal **Lease No.** 14-20-603-2033
Location
Unit Letter N **Feet From The** 500 **South** **Line and** 1980 **Feet From The** West
Line of Section 11 **Township** 31North **Range** 17West **NMPM,** San Juan **County**

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Ciniza Pipeline, Inc. **Address (Give address to which approved copy of this form is to be sent)**
P.O. Box 1887, Bloomfield, NM 87413
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** F **Sec.** 10 **Twp.** 31N **Rge.** 17W **Is gas actually connected?** **When**

IV. **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 **Date Compl. Ready to Prod.** **Total Depth** **P.B.T.D.**
Elevations (DF, RKB, RT, CR, etc.) **Name of Producing Formation** **Top Oil/Gas Pay** **Tubing Depth**
Perforations **Depth Casing Shoe**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **CASING & TUBING SIZE** **DEPTH SET** **SACKS CEMENT**

V. **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 **Date of Test** **Producing Method (Flow, pump, gas lift, etc.)**
Length of Test **Tubing Pressure** **Casing Pressure** **Choke Size**
Actual Prod. During Test **Oil-Bbls.** **Water-Bbls.** **Gas-MCF**

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**

VI. **CERTIFICATE OF COMPLIANCE**
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David S. Cushman
Staff Petroleum Engineer
October 15, 1982
OIL CONSERVATION DIVISION
NOV 3 1982
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____
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 owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply