Separate Forms C-104 must be filed for each pool in multipl

ENERGY AND MINERALS DEPARTMENT ----DISTRIBUTION SANTA FE

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

1.	LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	REQUEST FOR AN	1D	URAL GAS	
	SOLAR PETROLEUM, INC.				
	999 18th St., #1300, Denver, CO 80202				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:				
	Recompletion Change in Ownership X	Oil X Dry Gas Casinghead Gas Conden	71		
	If change of ownership give name and address of previous owner	Hicks Enco, Inc., 2313 S	antiago Ave., I	Farmington	, NM 87401
11.	DESCRIPTION OF WELL AND I Lease Name Navajo Tribe o Indians 'F'	F Well No. Pool Name, Including Fo		Kind of Lease State, Federal	reactal ()
	Location	80 Feet From The South in	e and660	Feet From 7	rheWest
	Line of Section 10 Tow	nahip 31North Range 1	7West , NMP	M, San	Juan County
III.	Name of Authorized Transporter of Oil Ciniza Pipeline, In	IC.	P.O. Box 1887	, Bloomfie	led copy of this form is to be sent) 1d, NM 87413 Ded copy of this form is to be sent)
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give agaress	to water approx	
	If well produces oil or liquids,	Unit Sec. Twp. Rge. F 10 31N 17W	Is gas actually connec		en .
w	If this production is commingled with COMPLETION DATA		New Well Workover		Plug Back Same Resty, Diff. Resty
1♥.	Designate Type of Completion	n — (X)	I I I	J	1 1 1
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth
	Perforations	Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECO		SACKS CEMENT
	HOLE SIZE	CASING & TOBING SIZE			
				lune of load oil	and must be equal to or exceed top allow
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 Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test			Choke Size
	Length of Test	Tubing Pressure	Casing Pressure		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.		Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MN	1CF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Sh		Choke Size
Ί.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION NOV 3 1982		
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given to the best of my knowledge and belief.		Original Signed by FRANK T. CHAVEZ		
	Division have been compiled with and that the information gives above it true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR DISTRICT # 3		
	David S. Cushman		This form is to be filed in compliance with RULE 1104.		
	Signature)		If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.		
	Staff Petroleum Engineer		All sections of this form must be filled out completely for allow the on new and recompleted wells.		
	October 26, 1982		Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other auch change of condition		
(Detail			Well name or number, or transported		

(Date)