

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
MAR 28 1985  
CON. DIV.  
DIST. 3

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator  
Solar Petroleum, Inc.

Address  
Suite 2900, 1099 - 18th Street, Denver, Colorado 80202-1999

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/> RE-ENTRY	Change in Transporter of:	Re-entry of Humble Oil & Refining Co.'s
Recompletion	<input type="checkbox"/>	Oil	Navajo Tribe of Indians "F" #130 which
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	was plugged & abandoned 10/18/71
		Dry Gas	
		Condensate	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease #14-20-603-2034

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease
Navajo Tribe of Indians "F"	130	Horseshoe Gallup	State, Federal or Fee Indian	
Location				
Unit Letter	B	660	Feet From The	North Line and
		1980	Feet From The	East
Line of Section	10	Township	31N	Range
			17W	NMPM, San Juan

III. 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)					
Ciniza Pipeline, Inc.	P. O. Box 1887, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	31N	17W		

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'
X Re-entry	X		X				XX	
Date Spudded	Re-entry	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
2/28/81		6/20/84	978'	978'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5263' GR	Gallup	960'	968'					
Perforations			Depth Casing Shoe					
960-973'			N/A					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
ORIGINAL WELL			
9 5/8"	7 5/8"	48'	8 sx regular
	5"	983'	75 sx reg. + 1% CaCl <sub>2</sub>
Re-entry:	2 3/8"	968'	

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 oil able for this depth or be for full 24 hours)

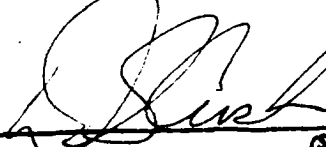
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/20/84	6/29/84	pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	N/A	N/A	N/A
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	0.24	3.76	TSTM

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

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.

  
(Signature)  
Engineering Manager  
(Title)  
3/27/85  
(Date)

OIL CONSERVATION DIVISION

4-5-85  
APPROVED  
MAY 05 1985  
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 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 changes of owner, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each well in multiple completions.