

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3034/10  
3-20-84

I. Operator Solar Petroleum, Inc

Address 1099 18th St Suite 2900 Denver, Co 80202 -1999

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No
Navajo Tribe of Indians F	147R	Gallup, <u>HORSE SHOE</u>	Navajo Indian State, Federal or Fee	14 20 603 2034
Location				
Unit Letter	<u>B</u>	<u>80</u> Feet From The <u>North</u> Line and <u>2600</u> Feet From The <u>East</u>		
Line of Section	<u>9</u>	Township <u>31N</u>	Range <u>17W</u>	NMPM, <u>San Juan</u> County

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)
<u>Ciniza Pipeline</u>	<u>PO BOX 1887 Bloomfield, N.M. 87413</u>
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 <u>E</u> Sec <u>10</u> Twp <u>31</u> Rng <u>17</u>
	Is gas actually connected? <u>When</u>

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>8 21 83</u>	<u>9 3 83</u>	<u>1026</u>	<u>open hole</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>5239 Gr</u>	<u>Gallup</u>	<u>998</u>	<u>1013.5</u>					
Perforations <u>open hole 998- 1026</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>87 GL</u>	<u>83</u> cuf
<u>7 7/8</u>	<u>5 1/2</u>	<u>994 GL</u>	<u>125</u> sx, <u>35</u> sx <u>192.5</u> cf &
	<u>2 3/8</u>	<u>1013.5</u>	<u>41.3</u> c

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of lost 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.)	
<u>9 3 83</u>	<u>9 30 83</u>	<u>pump</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hr</u>			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
<u>31</u>	<u>17.05</u>	<u>13.95</u>	<u>tstm</u>

GAS WELL

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

Maria O'Keefe  
(Signature)

Engineering Tech.  
(Title)

10/25/83  
(Date)

OIL CONSERVATION DIVISION

OCT 31 1983

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed by FRANK T. CHAVEZ

BY \_\_\_\_\_

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 multiple.