

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator
SOLAR PETROLEUM, INC.

Address
999 18th St., #1300, Denver, CO 80202

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	Navajo Tribe of Indians 'G'	Well No.	227	Pool Name, Including Formation	Horseshoe Gallup	Kind of Lease	Federal	Lease No.	14-20-603-203
Location									
Unit Letter	L	: 1330'	Feet From The	SOUTH	Line and	1310'	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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 <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: E, Sec: 10, Twp: 31N, Rge: 17W	Is gas actually connected?	When

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'v.
	XX		X					
Date Spudded	7/20/82	Date Compl. Ready to Prod.	11/20/82	Total Depth	928'	P.B.T.D.	Open Hole	
Elevations (DF, RKB, RT, GR, etc.)	5154' GL	Name of Producing Formation	Gallup Sand	Top Oil/Gas Pay	917'	Tubing Depth	925'	
Perforations	OPEN HOLE					Depth Casing Shoe	912'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/2"	8-5/8"	86'	60					
7-7/8"	5-1/2"	912'	195					
	2-7/8"	925'						

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)

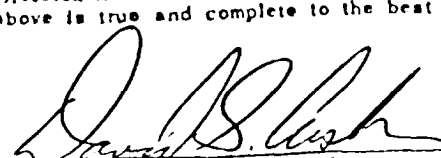
Date First New Oil Run To Tanks	11/20/82	Date of Test	12/17/82	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hours	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	66	Oil - Bbls.	0.7	Water - Bbls.	65.3
				Gas - MCF	TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			8
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
(Signature)
STAFF PETROLEUM ENGINEER
(Title)
1/11/83
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

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 completed wells.