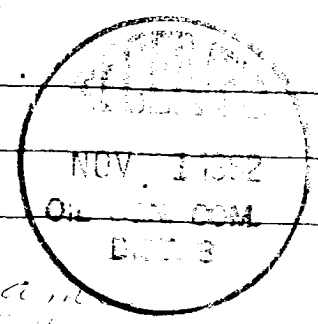


OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
ALBUQUERQUE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	



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)  
*Navajo Tribe #155*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo Tribe of Indians 'F'</b>	Well No. <b>155</b>	Pool Name, including Formation <b>Horseshoe Gallup</b>	Kind of Lease <b>Federal</b>	Lease No. <b>14-20-603-2034</b>
Location Unit Letter <b>H</b> : <b>2630'</b> Feet From The <b>NORTH</b> Line and <b>10'</b> Feet From The <b>EAST</b>				
Line of Section <b>9</b> Township <b>31North</b> Range <b>17East</b> , NMPM, <b>San Juan</b> 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"/> <b>Ciniza Pipeline, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1887, Bloomfield, NM 87413</b>
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
	<b>E   10   31N   17W</b>   <input type="checkbox"/>

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.
<b>XX</b>								
Date Spudded <b>7/12/82</b>	Date Compl. Ready to Prod. <b>8/28/82</b>	Total Depth <b>922'</b>	P.B.T.D. <b>OPEN HOLE</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>5210' GL</b>	Name of Producing Formation <b>Gallup sand</b>	Top Oil/Gas Pay <b>900'</b>	Tubing Depth <b>889'</b>					
Perforations <b>OPEN HOLE</b>			Depth Casing Shoe <b>894'</b>					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12-1/4"</b>	<b>8-5/8"</b>	<b>91'</b>	<b>60</b>					
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>894'</b>	<b>195</b>					
	<b>2-7/8"</b>	<b>889'</b>						

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 <b>8/28/82</b>	Date of Test <b>8/30/82</b>	Producing Method (Flow, pump, gas lift, etc.) <b>pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>180</b>	Oil - Bbls. <b>5</b>	Water - Bbls. <b>175</b>	Gas - MCF <b>TSTM</b>

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*  
(Signature)  
**David S. Cushman**  
STAFF PETROLEUM ENGINEER  
(Title)  
October 28, 1982  
(Date)

**OIL CONSERVATION DIVISION**

2483  
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.