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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
SOLAR PETROLEUM, INC.

Address
1099 18th Street #2900 Stellar Plaza Denver, CO 80202

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
 Recompletion ☐ Casinghead Gas ☐ Condensate ☐
 Change in Ownership ☐

Other (Please explain)

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OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe of Indians F	Well No. 158	Pool Name, including Formation Gallup, <i>Household</i>	Kind of Lease Navajo Indian State, Federal or Fee 142060	Lease No. 32034
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Location
Unit Letter *F* : 1330 Feet From The North Line and 2630 Feet From The West

Line of Section 4 Township 31N Range 17W, NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Ciniza Pipeline</i>	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 <i>E</i>	Sec. <i>10</i>	Twp. <i>31N</i>	Rge. <i>17W</i>	Is gas actually connected?	When
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-8-83	Date Compl. Ready to Prod. 12-7-83 <i>8-20-84</i>	Total Depth 1148	P.B.T.D. N/A					
Elevations (DF, RKB, RT, GR, etc.) 5305 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 1118	Tubing Depth 1128.9					
Perforations Open Hole 1118-1148'			Depth Casing Shoe 1115.5					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	86 GL	82.6 cf Class B
	5 1/2	1115.5 GL	192.5 cf Howcolite +
	2 3/8	1128.9	41.3 cf Class B

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 test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>8-20-84</i>	Date of Test <i>9-16-84</i>	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test <i>24 HRS</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <i>.5</i>	Water - Bbls. <i>233</i>	Gas - MCF <i>13TM</i>

GAS WELL

Actual Prod. Test - MCF/D N/A	Length of Test N/A	Bbls. Condensate/MCF N/A	Gravity of Condensate N/A
Testing Method (pilot, back pr.) N/A	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) N/A	Choke Size N/A

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.

Marie O'Keefe

(Signature)

Engineering Technician

(Title)

9-17-84

(Date)

OIL CONSERVATION DIVISION

APPROVED *SEP 19 1984*

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 multiply