

## OIL CONSERVATION DIVISION

Revised 10-1-78

P O BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS3042/R  
max 8/1/83  
FEB 01 1984  
OIL CON. DIV.  
DIST. 3

NO. OF COPIES DESTROYED	
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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
Solar Petroleum, Inc.Address  
1099 18th St Suite 2900 Denver, Colorado 80202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
	NAVAJO TRIBE OF INDIANS F

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. 159	Pool Name, including Formation Gallup, Horseshoe	Kind of Lease Navajo Indian	Lease No. 14 20 603 2034
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Location	Unit Letter K	Feet From The 2630 SOUTH	Line and 1330	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"/>	Address (Give address to which approved copy of this form is to be sent)
Ciniza Pipeline	PO BOX 1887 Bloomfield, New Mexico 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	Line 31N	Range 17W	Is gas actually connected? No	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	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-14-83	Date Compl. Ready to Prod. 11 21 83	Total Depth 1119 1121	P.B.T.D. na					
Elevations (DF, RKB, RT, GR, etc.) 5282 GR	Name of Producing Formation GALLUP	Top Oil/Gas Pay 1091	Tubing Depth 1111.5					
Perforations OPEN HOLE 1089-1121	Depth Casing Shoe 1046							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	82 GL	705x CL B 20% CaCl <sub>2</sub>
	5 1/2	1089	905x Howco, 355x CL B 2%
	2 3/8	1111.5	CaCl <sub>2</sub> flocc

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 21 83	Date of Test 12 12 83	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24hr	Tubing Pressure na	Casing Pressure na	Choke Size na
Actual Prod. During Test 134 BTE	Oil - Bbls. 9.38	Water - Bbls. 124.62	Gas - MCF tstm

## GAS WELL

Actual Prod. Test - MCF/D na	Length of Test na	Bbls. Condensate/MCF na	Gravity of Condensate na
Sealing Method (plug, back pr.) na	Tubing Pressure (Start-in) na	Casing Pressure (Start-in) na	Choke Size na

## 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.

Engineering Technician

(Title)

January 28 1984

(Date)

## OIL CONSERVATION DIVISION

FEB 01 1984

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

BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ

TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 2

This form is to be filled 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