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

3037/N

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FEB 01 1984
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Solar Petroleum, Inc.

Address: 1099 18th St Suite 2900 Denver, Colorado 80202

Reason(s) for filing (Check proper box)

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

Other (Please explain): ~~NAVAJO TRIBE OF INDIANS P 160~~

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Tribe of Indians F	160	Gallup, Horseshoe	State, Federal or Fee Navajo Indian	14 20 603 2034

Location

Unit Letter N : 1310 Feet From The SOUTH 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 X or Condensate	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 or Dry Gas	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
	E	10	31N	17W		

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	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
			X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8 17 83	11-21-83	1068	na
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5255 GR	GALLUP	1038	1064
Perforations			**Depth Casing Shoe**
Open Hole 1037-1068			1037

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	82.7 GL	70 SX CL B 2% CaCl2
	5 1/2	1037 GL	125 SX Howco lite
			35 SX CL B 2% CaCl2
	2 3/8	1064	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
11 21 - 83	12 15 83	pump
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24hr	na	na	na
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
~~15~~ 179	10.74	168.26	tstm

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
na	na	na	na
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
na	na	na	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.

Marie O'Keefe
(Signature)

Engineering Technician
(Title)

January 27 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 01 1984, 19

Original Signed by FRANK T. CHAVEZ

BY

TITLE SUPERVISOR DISTRICT # 3

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.