

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

no payment  
just a receipt  
already w/ me  
no more trouble

I. Operator Solar Petroleum, Inc

Address 1099 18th St Suite 2900 Denver, Co. 80202-1999

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input 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) NOV 14 1983  
OIL CON. DIV.  
DIST. 3

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo Tribe of Indians F</u>	Well No. <u>167</u>	Pool Name, including Formation <u>Gallup</u>	Kind of Lease <u>Indian</u>	Lease No. <u>2034</u>
Location			State, Federal or Fee <u>14 20 403</u>	
Unit Letter <u>0</u> ; <u>1310'</u> Feet From The <u>south</u> Line and <u>1330'</u> Feet From The <u>east</u>				
Line of Section <u>10</u> Township <u>31N</u> Range <u>17W</u> , NMPM, 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"/> <u>Ciniza Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 1887 Bloomfield, N.M. 87413</u>
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 <u>E</u> Sec. <u>10</u> Twp. <u>31N</u> Rge. <u>17W</u>
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Res.
Date Spudded <u>9 17 83</u>	Date Compl. Ready to Prod. <u>9 28 83</u>	Total Depth <u>884</u>	P.B.T.D. <u>NA</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5216 GL</u>	Name of Producing Formation <u>Gallup</u>	Top Oil/Gas Pay <u>854</u>	Tubing Depth <u>846.4</u>					
Perforations <u>open hole 854-884</u>			Depth Casing Shoe <u>854</u>					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>88.92 GL</u>	<u>82.6cf</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>854 GL</u>	<u>154cf</u>
	<u>2 3/8</u>	<u>846</u>	

## VI. 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 <u>9 28 83</u>	Date of Test <u>10 23 83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>pump</u>	
Length of Test <u>24 hr</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>233</u>	Oil-Bbls. <u>trace /</u>	Water-Bbls. <u>233</u>	Gas-MCF <u>tstm</u>

## GAS WELL

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

## 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)

Eng. Tech.  
(Title)

11-8-83  
(Date)

OIL CONSERVATION DIVISION  
NOV 14 1983

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

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

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 deviated 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. Form C-104 must be filed for each pool in multiple