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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. OPERATOR**

Operator  
SOLAR OIL COMPANY

Address  
P. O. Box 5596 Midland, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Maxwell</u>	Well No. <u>2</u>	Pool Name, including Formation <u>W. Bronco Devonian</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
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Location  
Unit Letter E ; 2310 Feet From The North Line and 990 Feet From The West

Line of Section 6 Township 13-S Range 38-E , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Pipeline Company</u>	<u>Room B-2 Phillips Bldg., Odessa, Texas</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Company</u>	<u>Box 1589 Tulsa, Oklahoma 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>6</u>	Twp. <u>13-S</u>	Rge. <u>38-E</u>	Is gas actually connected? <u>No</u>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>3-28-69</u>	Date Compl. Ready to Prod. <u>5-14-69</u>		Total Depth <u>12,244'</u>		P.B.T.D. <u>--</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3964' GR</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>12,233</u>		Tubing Depth <u>12,214'</u>			
Perforations <u>Open Hole Completion</u>					Depth Casing Shoe <u>12,236'</u>			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>379'</u>	<u>375</u>
<u>11"</u>	<u>8-5/8"</u>	<u>4,526'</u>	<u>700</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>12,236'</u>	<u>450</u>

**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 <u>5-15-69</u>	Date of Test <u>5-16-69</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>9 hrs.</u>	Tubing Pressure <u>500#</u>	Casing Pressure <u>pkr.</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test <u>451</u>	Oil-Bbls. <u>451</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>244</u>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]  
(Signature)

Production Clerk  
(Title)

May 19, 1969  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED [Signature] 1969

BY [Signature]

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 IV (for changes of well name or number, or transporter) and V (for changes of well name or number, or transporter) on this form.