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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

ILLEGIBLE

Operator SOLAR OIL COMPANY	
Address P. O. BOX 5114, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FANNING "B"	Well No. 1	Pool Name, Including Formation Undesignated Tubb-Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Imperial Tubb-Drinkard R-3731				
Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East				
Line of Section 33 Township 23-S Range 37-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"/> SHELL PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 2099, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EI PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 33	Twp. 23	Rge. 37	Is gas actually connected? Yes	When June 7, 1968

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 <input type="checkbox"/>	New Well <input checked="" 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 11-7-67	Date Compl. Ready to Prod. 12-21-67	Total Depth 6350		P.B.T.D. 6308'					
Elevations (DF, RKB, RT, GR, etc.) (Not Available)	Name of Producing Formation Tubb-Drinkard	Top Oil/Gas Pay 6111		Tubing Depth 6287'					
Perforations 6111-6183, 6205-6268				Depth Casing Shoe 6349'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8"		1052		370				
8-3/4	7"		6349		500				
	2-3/8"		6287						

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 12-11-67	Date of Test 11-19-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 22	Oil-Bbls. 14	Water-Bbls. 6	Gas-MCF 22

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.

OIL CONSERVATION COMMISSION

APPROVED 11-20-1969, 19
BY Joe D. Stoney
TITLE STAFF CHIEF DISTRICT

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 completed wells.

Production Clerk

(Title)

November 27, 1968

(Date)