

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator	
SOLAR PETROLEUM, INC.	
Address	
999 18th St., #1300, Denver, CO 80202	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	
Hicks Enco, Inc., 2313 Santiago Ave., Farmington, NM 87401	

II. DESCRIPTION OF WELL AND LEASE	
Lease Name	Navajo Tribe of Indians 'G'
Well No.	204
Pool Name, including Formation	Horseshoe Gallup
Kind of Lease	Federal
State, Federal or Fee	14-20
Lease No.	603-203
Location	
Unit Letter	M
Feet From The	660
South	Line and
660	Feet From The
West	
Line of Section	11
Township	31North
Range	17West
NMPM,	San Juan
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)					
Ciniza Pipeline, Inc.	P.O. Box 1887, Bloomfield, NM 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	31N	17W		

IV. COMPLETION DATA	
Designate Type of Completion - (X)	
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
Date First New Oil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	Casing Pressure
Choke Size	Water - Bbls.
Gas - MCF	

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

VI. 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.	
David S. Cushman	
Staff Petroleum Engineer	
October 15, 1982	
(Date)	
OIL CONSERVATION DIVISION	
APPROVED NOV 3 1982	
BY Original Signed by FRANK T. CHAVEZ	
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 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 multiple	