			,				
	DISTRIBUTION	ON	-		-		
	SANTA FE			_	NEW MEXICO OIL		
	FILE				- REQUES		
	. J.S.G.S.		-		-		
	<u> </u>				AUTHORIZATION TO T		
	LAND OFFICE	1			-{		
	TRANSPORTER	OIL	\vdash		┥ .		
		GAS	$\perp \perp$		_		
	OPERATOR		$\sqcup \bot$		_		
1.		ICE					
	SOLAR PETROLEUM, INC. Address 1660 LINCOLN ST., SUITE 1500,						
•							
	Reason(s) for filing						
	New Well				Change in Transporter of:		
	Recompletion	Ħ			Oil Dry		
	Change in Ownership	. र्ष्ट्र			Casinghead Gas Con		
	Change in Owner and	-1000 <u> </u>			Configuration Configuration		
	If change of owners and address of prev	hip give	name	ŀ	HICKS ENCO, INC., BOX		
	•						
H.	I. DESCRIPTION OF WELL AND LEASE						
	Lease Name NAVA	JO TR	IBE		Well No. Pool Name, Including		
	OF INDIANS				109 HORSESHOE-		
	Location	.			T TORSESTIOL		
		K	1	98	80 Feet From The South		
	Unit Letter	`	; <u>·</u>		Feet From The 300 cm		
	Line of Section	10	1	Γοw:	wnship 31N Range		
III.	DESIGNATION O	F TRA	NSPO	RT	TER OF OIL AND NATURAL (
	Name of Authorized Transporter of Oil XX or Condensate						
	SHELL PIPELINE CORP.						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas						
	If well produces oil	or Hautde	<u> </u>	1	Unit Sec. Twp. P.ge.		
	give location of tank		-,	i	F 10 31 17		
	If this production is		naled r		th that from any other laces or re-		
	COMPLETION DA		uRied /	~1tr	th that from any other lease or poo		
- • •					Oil Well Gas Well		
	Designate Typ	e of Co	omplet	tior	$\operatorname{on} = (X)$		
	Date Spudded				Date Compl. Ready to Prod.		
	·						
	Elevations (DF, RKE	RT C	P ***	: -	Name of Producing Formation		
		, 11, 01	t, e.c.,		literature of the country to a matter		
	Perforations				<u> </u>		
	Periorations						
	HOLE SIZE				TUBING, CASING, A CASING & TUBING SIZE		
				-			
				_			
			_	_!			
V.	TEST DATA AND	REQU	EST	FO	OR ALLOWABLE (Test must be		
	OIL WELL able for						
	Date First New Oil F	lun To T	ank s		Date of Test		
				- 1			
	Length of Test			T	Tubing Pressure		
				1	•		
	Actual Prod. During Test			1	Oil-Bbls.		
ļ		· · · · ·			1		
	GAS WELL						
ſ	Actual Prod. Test-N	ICF/D		1	Length of Test		
		,-		1			
}	Testing Method (pito	t. bock -	nt. }	+	Tubing Pressure (Shut-in)		
	- January M Mod (pho	., p	··•,		Count-In		
l	CERTIFICATE A	E COM	DIVA	NO.	<u> </u>		
٧I.	CERTIFICATE O	r COM	rliA)	VC.	JE.		

L CONSERVATION COMMISSION ST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-

FILE	4	AND	Effective 1-1-65		
J.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
OIL	1				
TRANSPORTER GAS	<u></u>				
OPERATOR					
PRORATION OFFICE Operator					
<u> </u>	ROLEUM, INC.				
Address	DLN ST., SUITE 1500, DEN	VED CO 90364			
Reason(s) for filing (Check proper box		VER, CO. 80264 Other (Please explain)			
New Well	Change in Transporter of:	Other (Flease explain)			
Recompletion	Oil Dry Go	as			
Change in Ownership XX	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner	HICKS ENCO, INC., BOX 17	74, FARMINGTON, NEW MEXI	CO 87401		
DESCRIPTION OF WELL AND	LEASE				
Lease Name NAVAJO TRIBE	Well No. Pool Name, Including F		h 4 - 508 - 120		
OF INDIANS "F"	109 HORSESHOE-G	ALLUP State, Federa	or Fee FEDERAL		
	80 Feet From The South Lir	ne and 1980 Feet From	The West		
Line of Section 10 To	wnship 31N Range	17W , NMPM, SAN J	UAN County		
			County		
DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA				
SHELL PIPELINE CORP.	or condensate	Address (Give address to which appro	•		
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	BOX 1588, FARMINGTON, Address (Give address to which appro	NEW MEXICO 8/401 ved copy of this form is to be sent)		
			,		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en		
give location of tanks.					
If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Date Spudded	Date Compl. Heady to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O11/Gas Pay	Tubing Depth		
		İ			
Perforations		•	Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1			
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	fr etc.		
Date First New Oil Nut. 10 Tuiks	Date of Test	Producing Method (Plow, pump, gas is	ι, εις.,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
6.46 mm					
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		
CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION COMMISSION		
		APPROVED JUL 211	980, 19		
I hereby certify that the rules and r Commission have been complied w	ith and that the information given	Odinal Canal L. EDANY T CHAVET			
above is true and complete to the	best of my knowledge and belief.	SUPERVISOR DISTRICT # 3			
· · · · · · · · · · · · · · · · · · ·		TITLE	titer 舞 ? 		
		This form is to be filed in compliance with RULE 1104.			
	Sherwin Artus	If this is a request for allowable for a newly drilled or deepened			
	vice President	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
SOLAR PETROLEUM, INC.	le)	All sections of this form must be filled out completely for allow able on new and recompleted wells.			
July 1, 1980		Fill out only Sections I. II. III. and VI for changes of owner			
- (Da	(e)	well name or number, or transporter, or other such change of condition			