STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

HOT AND WINE	MLJ L	<u> </u>	
	1760	<u> </u>	
DISTRIBUTE			
SANTA FE			
FILE		L_	
U.L.G.S.			
LAND OFFICE		_	
TRANSPORTER	OIL	_	L
	GAS		L
OPERATOR		_	
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

	TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	AND ATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
I.	Operator SOLAR PETROLEUM, INC.										
	Address		30202								
	Reason(s) for filing (Check proper box)	555 10th 50th 1 20th 1									
	New Well Change in Transporter of:										
Recompletion Oil Ory Gas Change in Ownership X Casinghead Gas Condensate											
	If change of ownership give name and address of previous owner	Hicks Enco, In	ic., 2313	Santiago	Ave, Fa	rmington	, NM 87	401			
II.	DESCRIPTION OF WELL AND	Well No. Pool Nam	e. Including F	ormation		(ind of Lease	Fedora	1 Andrew	Lease No.		
	Lease Name Navajo Tribe of Well No. Pool Name, Including Formation Rind of Lease Federal / Rucy Lease No. Indians 'G' 216 Many Rocks, Gallup State, Federal or Fee 14-20-603-2033										
	Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West										
	Line of Section 1 Tow	waship 31North	Range 1	7West	, NMPM,	San J	uan		County		
II.	DESIGNATION OF TRANSPORT	IGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)									
	Name of Authorized Transporter of Oil Ciniza Pipeline In	iza Pipeline Inc. P.O. E				Bloomfi	eld, NM	87413			
	Name of Authorized Transporter of Cas	zed Transporter of Casinghead Gas or Dry Gas Address (Give a					ed copy of thi	s form is to b	e sentj		
	If well produces oil or liquids, give location of tanks.	F 10 31		ls gas actua	lly connected	7 When	n ·				
	If this production is commingled with	th that from any other le	ease or pool,	give commin	gling order i	number:					
٧.	Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back I	Same Res'v.	Diff. Restv.		
	Date Spudded	Date Compl. Ready to Pr	rod.	Total Depth	L	1	P.B.T.D.		<u> </u>		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ation	Top Oil/Gas Pay			Tubing Depth				
	Perforations							Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
						<u> </u>					
				<u>i </u>			<u> </u>				
V.	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) [L WELL]								eea top attou-		
	Date First New Oil Run To Tanks	t New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift Casing Pressure			i, etc.)				
	Length of Test						Choke Size				
	Actual Prod. During Test	ouring Test Oil-Bbis.		Water - Bbls.			Gas-MCF				
		<u> </u>		L							
	GAS WELL Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test									
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	·in)	Casing Pres	swe (Sbut-		Choke Size				
/1.	CERTIFICATE OF COMPLIANCE	CE		OIL CONSERVATION DIVISION							
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			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								
Staff Petroleum Engineer (Title)				well, this	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.							
	October 15, 1982	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.									

(Date)

Separate Forms C-104 must be filed for each pool in multiply completed wells.