

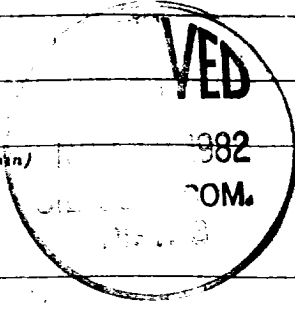
STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
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SANTA FE	
FILE	
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OPERATOR	
PERMITS OFFICE	

AK
36951W



I. OPERATOR
SOLAR PETROLEUM, INC. 303-629-5850

Address
999 18th St., #1300, Denver, CO 80202

Reason(s) for filing (Check proper box)
 New Well ☒ Change In Transporter of:
 Recompletion ☐ Oil ☒ Dry Gas ☐
 Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo 'F'	Well No. 152	Pool Name, Including Formation Horseshoe, Gallup	Kind of Lease Federal	Lease No. 14-20-603-2034
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Location
Unit Letter F : 2630 Feet From The NORTH Line and 2600 Feet From The West

Line of Section 10 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"/> Ciniza Pipeline Inc.	Address (Give address to which approved copy of this form is to be sent) 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 E	Sec. 10	Twp. 31N	Rge. 17W	Is gas actually connected?	When
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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 1/27/81	Date Compl. Ready to Prod. 3/22/81
Elevations (DF, RKB, RT, GR, etc.) 5249' GR	Name of Producing Formation Gallup sand
Perforations 926-940'	Total Depth 1000'
	Top Oil/Gas Pay 926'
	Tubing Depth 949'
	Depth Casing Shoe 975'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	92'	100
6-1/2"	4-1/2"	975'	300
	2-3/8"	949'	

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 4/2/81	Date of Test 4/9/81	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours	Tubing Pressure 50 (flowing)	Casing Pressure
Actual Prod. During Test 44	Oil-Bble. 3	Water-Bble. 41
		Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 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
(Signature)
STAFF PETROLEUM ENGINEER
(Title)
October 28, 1982
(Date)

OIL CONSERVATION DIVISION
NOV 1 1982

APPROVED _____, 19____
BY Original Signed by CHARLES GHOLSON
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 multiply completed wells.