ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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OIL CONSERVATION DIVISION

P O BOX 2088

SANTA FE, NEW MEXICO 87501

Revised 10-1-78

30-day NW 30,1984 marked

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 16 1984

OIL CON. DIV.

DIST. 3

Operator: SOLAR PETROLEUM, INC.

Address: 1099 18th Street #2900 Denver, CO 80202

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): NAVAJO TRIBE OF INDIANS 164

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Tribe of Indians F	164	Gallup, Horseshoe	State, Federal or Fee Navajo Indian	14-20-603-2034

Location

Unit Letter E : 1330 Feet From The North Line and 1310 Feet From The West

Line of Section 10 Township 31N Range ~~12E~~ 17W, NMPM. San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Ciniza Pipeline	P.O. Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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
	E	10	31N	17W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-14-83	12-8-83	973	N/A
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5243 GR	Gallup	943	971.8
Perforations	Open hole 941-973		**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	90.25	82.6 cf Type B 2%CaC
	5 1/2	941.1	177.10 cf Howco Lite 2%
	2 3/8	971.80	CaCL

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
12-8-83	12-31-83	Pump
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	—	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	7.35	13.65	TSTM

GAS WELL

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

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.

Marie O'Keefe Marie O'Keefe

(Signature)

Engineering Technician

(Title)

January 10, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1984, 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 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