

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old Form C-104  
Effective 1-1-65 10

|                     |     |
|---------------------|-----|
| U.S. DISTRICT COURT |     |
| LAND OFFICE         |     |
| TRANSPORTER         | OIL |
|                     | GAS |
| OPERATOR            |     |
| PRODUCTION OFFICE   |     |

I. Operator  
SOLAR OIL COMPANY  
Address  
Box 5596 Midland, Texas  
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)  
Change of well number from Maxwell No. 2  
If change of ownership give name and address of previous owner  
Ashmun & Hilliard; Bank of the Southwest Bldg., Midland, Texas

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Maxwell  
Well No.  
1  
Pool Name, including Formation  
Bronco, W. Dev.  
Kind of Lease  
State, Federal or Fee  
Fee  
Lease No.  
Location  
Unit  
1980 Feet From The North Line and 1980 Feet From The West  
Line  
Township 13S Range 38E, NMPM, County

III. DESIGNATION OF WELL  
A. TRANSPORTER OF OIL AND NATURAL GAS  
Name of Owner  
Phillips Bldg.  
Address (Give address to which approved copies of this report be sent)  
Name of Operator  
C. I. & Gas  
Address (Give address to which approved copies of this report be sent)  
Box 1470 Midland, Texas  
If well is actually connected? When  
Yes 1-2-65  
If this well is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION RECORD  
Date of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen  
Date of Completion Ready to Prod.  
Total Depth  
Elevation (Surface, etc.)  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing  
TUBING, CASING, AND CEMENTING RECORD  
PIPE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST RECORD  
REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equivalent for this depth or be for full 24 hours)  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Length of Test  
Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test  
Water-Bbls. Gas-MCF  
GAS WELL  
Actual Prod. Length of Test Bbls. Condensate/MMCF Grav. Sp. of Condensate  
Testing Method (Shut-in, etc.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATION OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
M. J. Smith  
(Signature)  
Production Clerk  
(Title)  
April 9, 1969  
(Date)  
OIL CONSERVATION COM.  
APPROVED  
BY Joe R. Roney  
TITLE  
This form is to be filed in the well log file.  
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.