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U.S.G.S.	
LAND OFFICE	
TRANSPORTER - OIL	
GAS	!
OPERATOP	
PROBATION OFFICE	
Operator	

HEW MEXICO OIL CONSERVATION COMMISSIC.

Form C-104

-	SANTAFE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Elloctive 1-1-65		
ŀ	U.S.G.S.	AUTUORITATION TO TRA	AND			
1	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL GA	15		
1	OIL	•				
	TRANSPORTER GAS					
	OPERATOP					
1.	PROBATION OFFICE					
	Operator					
SOLAR OIL COMPANY						
	Address					
	P. O. Box 5114, Midiand, Texas					
	Reason(s) for filing (Check proper box!	Change in Transporter of:	Other (Please explain)	1		
	Recompletion	Oil Dry Go	Request a testin	g allowable of		
	Change in Ownership	Casinghead Gas Conder	門 1000 bbls.			
				<u> </u>		
	If change of ownership give name and address of previous owner					
	•					
u.	DESCRIPTION OF WELL AND I	Well No.: Pool Name, Including F	ormation Kind of Lease	Lease No.		
	Lease Name			l ⁻		
	Bunin Location	2 Undesignat	ed Abo State, 1 state.	- ree		
	T	80 North	- 660	West		
	Unit Letter E 1980 Feet From The North Line and 660 Feet From The West					
	Line of Section 18 Tow	mahip 21-5 Range 3	8-E , NMPM, Lea	County		
m.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	i i		
	Admiral Crude (Box 1713, Midland, Texa	es .		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
			100			
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected? When	n.		
-	give location of tanks.	D/E 18 21-S 38-E				
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Elack Same Resty. Diff. Resty.		
	Designate Type of Completio	on = (X)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
			·			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			1			
	Perforations			Depth Casing Shoe		
				L		
	10.5.5.5	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOBING SIZE	DEFINGE	3,3,3,5,2,		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	after recovery of total volume of load oil e	and must be equal to or exceed top allow		
•	OIL WELL	able for this d	lepth or be for full 24 hours;			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	i, etc.)		
			Casing Pressure	Choke Size		
	Length of Teet	Tubing Pressure	Commo Pressure			
	Actual Prod. During Teet	Oil - Bbis.	Water - Bble.	Gas - MCF		
	Actual Plot. During 1001	0.1-22.5.				
		1		<u> </u>		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-in)	Choke Size		
			<u> </u>	<u> </u>		
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
			The Charles			
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED , 19			
	Commission have been complied with and that the information give above is true and complete to the best of my knowledge and belief		By John w. Lungan			
	`		TITLE			
- March :			This form is to be filed in compliance with RULE 1104.			
	- Sin harthan	· ·	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.			
	(3 lg n	sature)				
	Production Clark					

(Title)

(Date)

7 January 1969

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition

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