

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
SOLAR PETROLEUM, INC.

Address
999 18th Street, #1300, Denver, CO 80202

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe of Indians 'G'	Well No. 227	Pool Name, including Formation Horseshoe, Gallup	Kind of Lease Indian	Lease State, Federal or Fee 14-20-603-20
Location Unit Letter L ; 1330' Feet From The SOUTH Line and 1310' Feet From The WEST Line of Section 11 Township 31NORTH Range 17WEST, NMPM, San Juan				

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

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. <input type="checkbox"/>		
Date Spudded 7/20/82	Date Compl. Ready to Prod. 8/20/82	Total Depth 928'GL	P.B.T.D. OPEN HOLE
Elevations (DF, RKB, RT, GR, etc.) 5154'GL	Name of Producing Formation Gallup Sand	Top Oil/Gas Pay 912'GL	Tubing Depth 925'GL
Perforations OPEN HOLE 912 928	Depth Casing Shoe 912'GL		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	86'GL	71 cu ft
7-7/8"	5-1/2"	912'GL	239 cu ft
	2-7/8"	925'GL	

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/20/82	Date of Test 8/26/82	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 42	Oil-Bbls. 2	Water-Bbls. 40	Gas-MCF TSTM

40,000 gal/#202

GAS WELL

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

CERTIFICATE OF COMPLIANCE

FEB 4 1983

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. Cosh

Staff Petroleum Engineer

February 1, 1983

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

2-4-83

APPROVED

BY

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 Form C-104 must be filed for each pool in multiple.