

P O BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED  
303812 303416 16 1984  
OIL CON. DIV.  
DIST. 3

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SANTA FE	
FILE	
U.S.O.I.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator  
Solar Petroleum, Inc.Address  
1099 18th Street #2900 Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Navajo Tribe of Indians F-163

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribe of Indians F	Well No. 163	Pool Name, including Formation Gallup, <del>Navajo</del>	Kind of Lease Navajo Indians	Please Note State, Federal or Fee 14-20-603-2034
Location Unit Letter <u>      </u> : <u>1310</u> Feet From The <u>North</u> Line and <u>2600</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>31N</u> Range <u>17W</u> , NMPM, San Juan County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Ciniza <del>Navajo</del>	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	Range 17W	Is gas actually connected? <u>Yes</u>	When
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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'ty.	Diff. Res'ty.
			X					
Date Spudded 9-3-83	Date Compl. Ready to Prod. 12-9-83	Total Depth 1008	P.B.T.D. Open Hole					
Elevations (DF, RKB, RT, GR, etc.) 5230 GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 978	Tubing Depth 1007					
Perforations			Depth Casing Shoe 977					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	84.79 GL	82.6 cf
	5 1/2	977 GL	184.8cf, 41.3cf
	2 3/8	1007	

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 12-9-83	Date of Test 12-29-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 169	Gas - MCF TSTM

## GAS WELL

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

## 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.(Signature)  
Engineering Technician(Date)  
1-12-84

(Date)

## OIL CONSERVATION DIVISION

FEB 01 1984

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

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 all  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for change of own-  
er, well name or number, or transporter, or other such change of condition.  
Form 104 must be filed for each well in production.