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| TRANSPORTER | OIL <input type="checkbox"/> GAS <input type="checkbox"/> |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
SOLAR OIL COMPANY
Address
P. O. Box 5590, Midland, Texas 79701
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 in Lease Name formerly
Holt State

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
UNDESIGNATED
Lease Name Holt State (Com.) Well No. 1 Pool Name, Including Formation Vada-Pennsylvania V R-3780 Kind of Lease State, Federal or Fee State Lease No. K-3204
Location
Unit Letter D 660 Feet From The North Line and 660 Feet From The West
Line of Section 4 Township 10-S Range 34-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Crude Oil Box 1713, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
If well produces oil or liquids, give location of tanks. Unit D Sec. 4 Twp. 10-S Rge. 34-E Is gas actually connected? No 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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res ☐ Res'ty ☐
Date Spudded 1-1-69 Date Compl. Ready to Prod. 4-2-69 Total Depth 9954' P.B.T.D. 9954'
Elevations (DF, RKB, etc.) 4234' GR Name of Producing Formation Penn Top Oil/Gas Pay 9897' Tubing Depth 9897'
Perforations 9900' - 9904' Depth Casing Shoe 9932'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17-1/2" 12-3/4" 360 400
11" 8-5/8" 3935 400
7-7/8" 5-1/2" 9952 400

V. 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)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 3-6-69 | 4-6-69 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs | ---- | ---- | ---- |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| 764 BF | 234 | 530 | |

GAS WELL

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

VI. CERTIFICATE 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.

W. J. Smith
(Signature)

Production Clerk
(Title)

April 17, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____
BY W. J. Smith
TITLE _____

This form is to be filed in compliance with Rule 34.

If this is a request for allowable for a new well or deepened well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with Rule 34.

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

Fill out only Sections I, II, III, and V for changes in lease, well name or number, or transporter, or other such change of information.

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