1		a i	
- [NO. OF COMES RECE	IVED	
	DISTRIBUTION		
	SANTA FE		
ļ	FILE		
	U.S.G.\$.		
Ĭ	LAND OFFICE		
	TRANSPORTER	OIL	
		GAS	
•	OPERATOR		
	PRORATION OFFICE		
	Operator		

NO. OF COMES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
	7	AND	\mathcal{C}_{*} Effective 1-1-65
FILE	-	AND ANSPORT OIL MAND NATURAL GA	्र- <i>℃</i> .
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL MAND NATURAL GA	.5
LAND OFFICE		· • • • • • • • • • • • • • • • • • • •	' CO
OIL			$v_{\mathbf{J}}$
TRANSPORTER GAS	7		
UAS			
OPERATOR			
PRORATION OFFICE			
Operator			
SOLAR OIL COMPANY			
P. 0. Box 5596	Midland, Texas	Other (Please explain)	
Reason(s) for filing (Check proper bo	x)	Office (1 tease explain)	
New Well	Change in Transporter of:		
December	Oil X Dry Ga	as L	
Recompletion	— — — — — — — — — — — — — — — — — — —	78.0°A	
Change in Ownership	Casinghead Gas Conder	Model C	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE	Transfer of Lorent	Lease No.
Lease Name	Well No. Pool Name, Including F		
Sibert Federal	1 Undesignate	d State, Federal	or Foo Federal
Sibert rederai			······································
Location		.	11 - 6
F 10	80 Feet From The North Lir	ne and 660 Feet From Ti	west
Unit Letter E ; 19	Peet From The		
	0.0	31-E NMPM, Chave	S County
Line of Section 35 T	ownship 8-S Range	31-E , NMPM, Chave	S County
	AMERICAN AND NATURAL CA	AS	
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)
Name of Authorized Transporter of C	or Condensate		
Permian Corporation	n	Box 3119 Midla	and, Texas
Name of Authorized Transporter of C	gainghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of C	da inquadd Gda o. b., o.a		
Not Connected			
	Unit Sec. Twp. Rge.	Is gas actually connected? When	1
If well produces oil or liquids,	E 35 8-S 31-E	No	
give location of tanks.			
If this production is commingled t	with that from any other lease or pool,	, give commingling order number:	
IV. COMPLETION DATA	<u> </u>		Det Diff Book
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Complete	tion = (X)	i i	!!!!
200-8		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Deptin	
Electronic (DE DED DE CD	: Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.	, Italia of Francisco		
			Depth Casing Shoe
Perforations			Deptil Gasting Silver
1			
	mining digitie in	ID CEMENTING DECOPD	
		ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACRS CEMENT
			<u> </u>
			<u> </u>
	TOD ATTOUADIE TO THE	after recovery of total volume of load oil	and must be equal to or exceed top allo
V. TEST DATA AND REQUEST	FUR ALLUWADLE (1 est must be able for this t	depth or be for full 24 hours)	-
OIL WELL	2010 707 11110	Producing Method (Flow, pump, gas lif	t, etc.)
Date First New Oil Run To Tanks	Date of Test	* townself manage (a real banch and re-	
			1 21 1 21
t sight of mask	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
		Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbis.	Adiel - Dois.	
			To
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test		
GAS WELL Actual Prod. Teet-MCF/D	Length of Test		
Actual Prod. Teet-MCF/D		Cooling Processing (Shirt-in)	Choke Size
	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Actual Prod. Teet-MCF/D			
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	OIL CONSERVA	TION COMMISSION
Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	OIL CONSERVA	

July 23, 1969

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 & Smith				
(Signature)				
Production Clerk				
(Title)				

(Date)

HEOR DISTRICT

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 transporten or other such change of condition.

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