

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED	
DISTRIBUTION	
OFFICE	
TRANSPORTER	OIL
	GAS
FOR	
PRODUCTION OFFICE	

Operator SOLAR OIL COMPANY	
Address Box 5596 Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) Change of well number from Maxwell No. 1

If change of ownership give name and address of previous owner Ashmun & Hilliard, Bank of the Southwest Bldg. Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maxwell	Well No. 2	Pool Name, Including Formation Bronco, W. Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>F</u> ; 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u>				
Line of Section <u>6</u> Township <u>13-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

III. TRANSPORTATION OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Phillips Pipeline Odessa, Texas					
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1470 Midland, Texas					
Sinclair Oil & Gas	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	N	6	13S	38E	Yes	10-29-65

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'v.	Diff. Res'v.
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		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

[Signature]
(Signature)
Production erk
(Title)
March 28, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED [Signature]
BY [Signature]
TITLE _____

This form is to be filed in accordance with
If this is a request for allowable for a new well, this form must be accompanied by a tabulation taken on the well in accordance with RULE
All sections of this form must be filled out completely on new and recompleting wells
Fill out only Sections I, III, and VI for well name or number, or transporter, or other such data
Separate Forms C-104 must be filed for all completed wells.