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DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE			_		
TRANSPORTER	OIL				
	GAS				
OPERATOR			_	_	
PRORATION OF	FICE		_		
Operator					
	SOLAR	OI	L,	(
Address					

January 31, 1969

	SANTA FE FILE U.S.G.S.	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	IRANSPORTER OIL GAS	AUTHORIZATION TO TRA	ANSPORT QIL AND NATURAL	_ GAS		
ĭ.	PRORATION OFFICE Operator					
	SOLAR OIL	COMPANY				
	Address					
		5114, Midland, Texas				
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	PILES THE AUTHORITY TO PRODUCE		
	Recompletion Change in Ownership	Oil Dry Go	AND SELE OF FROM THE	S CHOIL OF A REPORTABLE AND CAPE OF THE CAS CONTROL OF AN AUTHORIZED CHARLE BOLD HAS BEEN OFTAINED BY		
	If change of ownership give name / and address of previous owner	1. 1. 1. 1/1 1/1	/			
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Le	OSE / Lacon No.		
	Gulf Sarkey's		!	eral or Fee Fee		
	Location	I	eed Billicory	166		
	Unit Letter C; 660	O Feet From The North Lir	ne and 1980 Feet Fro	m The West		
	Line of Section 25 To	wnship 21-S Range	37-E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		proved copy of this form is to be sent)		
	Admiral Crude Oil	Corporation	P. O. Box 1713, Mid1	land, Texas 79701		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)		
	Not Selected	Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	C 25 21-S 37-E	No			
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,				
	Designate Type of Completic	on - (X) Gas Well Gas Well X	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.		
	9-10-68	11-8-68	7401	7358		
	Elevations (DF, RKB, RT, GR, etc.) 3405 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5760	Tubing Depth 6130		
	Perforations BITHEBTY		J/00	Depth Casing Shoe		
	6190'-6039'	<u>: 6004'-5943'; 5899'-576</u>				
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	13-3/4"	10-3/4"	900'	200		
	9-5/8'	7-5/8"	7401'	900		
		2-3/8"	6130'			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	11-4-68	11-17-68	Pump			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs Actual Prod. During Test	Oil-Bbls.	125#	Gas-MCF		
	94	83	11	148		
	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	ERTIFICATE OF COMPLIANCE OIL CONSE		/ATION COMMISSION		
			1309			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given shows is true and complete to the best of my knowledge and belief						
	above is true and complete to the best of my knowledge and belief.		BY THE			
			TITUE			
		th	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
(Signature)		ntwe)	well, this form must be accompanied by a tabulation of the de			
	Production Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			

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 Forms C-104 must be filed for each pool in multiply