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	FILE	<del> </del>	$\vdash \dashv$						
	U.S.G.S.					All	TU		
	LAND OFFICE	<u> </u>		AUTH					
	TRANSPORTER	OIL							
	OPERATOR	0 ^3							
	<del></del>								
I.	PRORATION OFFICE Operator								
	SOLAR OIL	SOLAR OIL COMPANY							
	Address								
	P. 0. Box	Midlar							
	Reason(s) for filing		proper	box)		-			
	New Well					Chan	ige i		
	Recompletion					Oil			
	Change in Ownership	p 🔲				Casi	nghe		
II.	DESCRIPTION O Lease Name Gulf Sarke		L A	ND L	EAS	Well	No		
II.			L A	ND L	EAS	Well	No		
II.	Lease Name Gulf Sarke	y's				Well 2			
u.	Lease Name Gulf Sarke Location	y's F			)	Well 2 Fee	t Fr		
	Lease Name Gulf Sarke Location Unit Letter	y's  F  25	· · ·	1980 Town	nship	2 .Fee 21	1 Fr -S		
	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized	y's  F 25 F TRA	NSP	Town	nship ER	2 Fee 21	t Fr		
	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized	y's  F 25 FTRA Transpo	ANSP orter o	Town ORT f Oil Comp	nship ER	2 Fee 21	t Fr		
	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized Skelly Oil	y's  F 25 F TRA Transpo	i NSP	Town ORT f Oil Comp	ER X	Fee 21:	OII		
	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized	y's  F 25 F TRA Transpo ude 0 Transpo Comp or liquic	i NSP	Town ORT f Oil Comp	nship ER	Veil 2  Fee 21:  OF ad G	t Fr		
II.	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized Skelly Oil If well produces oil	y's  F 25 Transpoude 0 Transpo Comp or liquices.	i NSPorter o	Town ORT	) PER X Dany Unit C/	2 21: OF	OII or (		
II.	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized Skelly Oil If well produces oil give location of tank  If this production is	y's  F 25 F TRA Transpo ude 0 Transpo c Comp or liquices. s comm.	ANSP iter o	Town ORT OORT Complete Cast	Dany Unit C/fin tha	21: OF t fro (X)	OIII		
II.	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name oi Authorized Skelly Oil If well produces oil give location of tank  If this production is COMPLETION D	y's  F 25 F TRA Transpo ude 0 Transpo c Comp or liquices. s comm.	ANSP iter o	Town ORT OORT Complete Cast	Dany Unit C/fin tha	21. Fee 21. OF dad Gi	OIII		
II.	Lease Name Gulf Sarke Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Admiral Cr Name of Authorized Skelly Oil If well produces oil give location of tank  If this production is COMPLETION D  Designate Ty	F TRA Transpo Ude 0 Transpo or liquio s. s comm ATA pe of C	ANSP  iter of any any any any any	Town ORT OORT Compf Cass	ER (X) Dany Unit C/ (In the	21: OF t fro (X)	OII or (		

(Title)

(Date)

August 8, 1969

	DISTRIBUTION	i	CONSERVATION COMMISSION	Form C-104					
	SANTA FE	REQUEST	REQUEST FOR ALLOWABLE						
	FILE	4	AND						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE	AUG : 1 1 19 ml 03							
	TRANSPORTER GAS								
	OPERATOR	4							
_	PRORATION OFFICE	4							
I.	Operator	<u> </u>							
	SOLAR OIL COMPANY								
	Address								
	P. O. Box 5596	Midland, Texas							
	Reason(s) for filing (Check proper box)  Other (Please explain)								
	lew Well Change in Transporter of:								
	Recompletion	Oil Dry Go	as 🗍						
	Change in Ownership	Casinghead Gas X Conde	nsate						
	If change of ownership give name	•							
	and address of previous owner								
TT	DESCRIPTION OF WELL AND	I FASE							
14.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.					
	Gulf Sarkey's	2 Wantz Abo	State, Federa	lor Fee Fee					
	Location	L Wallez 7/50		1					
	Unit Letter F : 198	Feet From The North Lin	ne and 2030 Feet From 7	rus Wast					
	Unit Letter F : 190	Feet From the MOTELL LI	ne and ZOJO reet from	The WEST					
	Line of Section 25 To	wnship 21-S Range	37-F , NMPM, I	ea County					
	Line of Section 25 Tox	whiship Z1-3	3/-E / North	_ea County					
	DESIGNATION OF TRANSPORT	TED OF OH AND NATURAL CA	10						
111.	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which approx	ped copy of this form is to be sent)					
			D 0 D 1712	diana Tawan					
	Admiral Crude Oil Com	pany or Dry Gas or Dry Gas	P. O. Box 1713 M Address (Give address to which approx	ped copy of this form is to be sent)					
	1	X							
	Skelly Oil Company	Unit Sec. Twp. P.ge.	P. O. Box 993 M Is gas actually connected? Whe	idland, Texas					
	If well produces oil or liquids, give location of tanks.								
		C/F 1 25   21-S 137-E	<del>1 7-25-69</del>						
		th that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.					
	Designate Type of Completic	on - (X)		1 1					
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Date Spudded	Date Compt. Ready to 7 tou.	Total Boptii						
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth					
	Lievations (DP, ARD, RI, GR, etc.)		100 011/012 1 1/						
	Dark and the same of the same			Depth Casing Shoe					
	Perforations Depth Casing Shoe								
		TUDING CASING AN	D CEMENTING RECORD	<u> </u>					
				SACKS CEMENT					
	HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		SACKS CEMENT					
			+						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a able for this d	ifter recovery of total volume of load oil: epth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OII. WELL  Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)								
	Date / Het New Oil Hair 19 14-12								
	Length of Test	th of Test Tubing Pressure		Choke Size					
	20.00.	•							
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF					
	Actual 7 tout Daining 1001								
	·								
	GAS WELL								
	Actual Prod. Test-MCF/D			Gravity of Condensate					
	Actual Flod: 1441-Welly B								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	. coming married (prior) back priy								
		0.00	1 00 0000000000000000000000000000000000	TION COMMISSION					
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVE	TION COMMISSION					
				19					
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED						
	above is true and complete to the	with and that the information given e best of my knowledge and belief.	BY	Klinen					
		· -	SUPERVISION DISTRICALE						
			TITLE						
		r A	This form is to be filed in compliance with RULE 1104.						
	My Am	clh	If this is a request for allow	vable for a newly drilled or deepened					
	(Sign	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
	Production Clark		tests taken on the well in accor	GENCE WITH MARK 1111					

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 completed wells.