SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PROSON SOLAR OIL COMPANY Address P. O. Box 5596 Recosn(s) for filing (Check proper box) New Well Recompletion Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Gulf Sarkey's Location Unit Letter F ; 1980 Feet From T Line of Section 25 Township 21-S II. DESIGNATION OF TRANSPORTER OF OIL AN Name of Authorized Transporter of Oil X or Cond Admiral Crude 0il Company Name of Authorized Transporter of Casinghead Gas X Skelly 0il Company If well produces oil or liquids, que location of tanks. C/F 125 If this production is commingled with that from any of the contion of tanks. Designate Type of Completion — (X) Date Spudded Date Compl. Rec Elevations (DF, RKB, RT, GR, etc.) Name of Production Perforations TUE HOLE SIZE CASING & V. TEST DATA AND REQUEST FOR ALLOWABI OIL WELL Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure								
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Length of Test Tubing Pressure		OIL WELL	Canks		Dat	e of T	est	
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		Length of Test			Tul	oing P	TORE	we
Actual Prod. During Test Oil-Bbls.								
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(Signature)

(Title)

Production Clerk

August 8, 1969

	SANTA FE FILE	REQUEST F	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
ļ	GAS OPERATOR										
1.	PRORATION OFFICE										
	SOLAR OIL COMPANY										
	P. O. Box 5596 Midland, Texas										
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please explain)								
	Recompletion	Oil Dry Gas	—								
į	Change in Ownership	Casinghead Gas X Condens	inte [_]	<u></u>							
	and address of previous owner										
и.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.							
	Gulf Sarkey's	2 Undesignated Dr	rinkard State, Federal	or Fee Fee							
	Unit Letter F ; 1	980 Feet From The North Line	and 2030 Feet From 7	The West							
;	Line of Section 25 Tow	vnship 21-S Range 37	7-E , NMPM, [_ea County							
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S								
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx								
	Admiral Crude Oil Com Name of Authorized Transporter of Cas	pany singhead Gas X or Dry Gas	P. O. Box 1713 Mic Address (Give address to which approx	lland, Texas ved copy of this form is to be sent)							
	Skelly Oil Company	Unit Sec. Twp. Ege.	P. O. Box 993 Midla Is gas actually connected? Who	and, Texas							
	If well produces oil or liquids, give location of tanks.	C/F 25 21-S 37-E	7-25-69								
		th that from any other lease or pool, g	give commingling order number:								
IV.	Designate Type of Completion	, -	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.							
	Clevations (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 (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)										
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF							
	l										
	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 COMPLIAN	CE	OIL CONSERVATION COMMISSION								
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED AUG 1	3 19 69							
	a line boundhoom complied t	with and that the information given e best of my knowledge and belief.		DETRICE !							
	•		TITYE SUPERVISOR DISTRICT								
	20 l	-1	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 transporter, or other such change of condition.

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