NO. OF COPIES REC	IVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
THANSPORTER	OIL		<u> </u>
THANSFORTER	GAS		
OPERATOR			
PRORATION OF	ICE		<u></u>
Operator			
IMPERIAL -	AME	RICA	N I

DISTRIBUTION	NEW MEVICO OIL CO	NICEDIATION COMME	CION	Form C-104
SANTA FE	· · · · · · · · · · · · · · · · · · ·	FOR ALLOWABLE	ISERVATION COMMISSION OR ALLOWARIF	
FILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND		Effective 1-1-85
U.S.G.S.	AUTHORIZATION TO TRAI		ATURAL GAS	•
LAND OFFICE				
TRANSPORTER OIL GAS	·			
OPERATOR				
PRORATION OFFICE Operator				
IMIERIAL - AMERICAN MA	ANAGEMENT COMPANY			
Address				
507 Midland Savings B. Reuson(s) for filing (Check proper box)	ldg. Midland, Texas	Other (Please e	explain)	
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	s 🔲		
Change in Ownership X	Casinghead Gas Conden	sate		
	courfey: B	FEOG WATER	Towas	
and address of previous owner	SOLAR OIL COMPANY Box	5596 Midland	i. Texas	<u> </u>
DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.
Audrey	1 Undeisgnated		State, Federal or Fe	Federal <u>LC-06552</u>
Location				
Unit Letter P ; 660	Feet From The South Line	e and <u>660</u>	Feet From The	East
5 ,	21-5	28-F	Lea	County
	mahip Range	, NMPM,	200	County
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	ıs		
Name of Authorized Transporter of Oil	or Condensate	Address (Othe aggrees		by of this form is to be sent)
Admiral Crude Oil		Box 1713 M	dland, Texa	S by of this form is to be sent)
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (I, ive address to	which approved co	sy of this form to to be comp
None		Is gas actually connected	i? When	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	18 day actually competer	1	
give location of tanks.	P 5 21-S 38-E		'	
If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:	
· COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Pluc	Back Same Restv. Diff. Restv.
Designate Type of Completion	$\operatorname{on} = (X)$		1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.
			Tub	ing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1 1 1 1	
			Dep	th Casing Shoe
Perforations	•			
•				
	TUDING CASING AN	D CEMENTING RECOR	D	
		ID CEMENTING RECOR		SACKS CEMENT
HOLE SIZE	TUBING, CASING, AN			SACKS CEMENT
HOLE SIZE				SACKS CEMENT
HOLE SIZE				SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE ,	DEPTH SE	ET .	
	CASING & TUBING SIZE ,	DEPTH SE	me of load oil and m	SACKS CEMENT SACKS CEMENT Substitute to or exceed top allow
7. TEST DATA AND REQUEST F	CASING & TUBING SIZE , COR ALLOWABLE (Test must be able for this d	after recovery of total volumenth or be for full 24 hours	me of load oil and m	ust be equal to or exceed top allow
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE ,	DEPTH SE	me of load oil and m	ust be equal to or exceed top allow
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE , COR ALLOWABLE (Test must be able for this d	after recovery of total volumenth or be for full 24 hours	me of load oil and m	ust be equal to or exceed top allow
V. TEST DATA AND REQUEST F	CASING & TUBING SIZE , OR ALLOWABLE (Test must be able for this d	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure	me of load oil and m	iust be equal to or exceed top allow
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE , OR ALLOWABLE (Test must be able for this d	after recovery of total volumenth or be for full 24 hours Producing Method (Flow	me of load oil and m	wat be equal to or exceed top allow
7. TEST DATA AND REQUEST FOIL, WELL Date First New Oil Run To Tanks	CASING & TUBING SIZE , OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure	me of load oil and m	iust be equal to or exceed top allow
7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test	CASING & TUBING SIZE , OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure	me of load oil and m	iust be equal to or exceed top allow
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teel GAS WELL	CASING & TUBING SIZE , COR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbis.	me of load oil and m) p, pump, gas lift, etc Ch	iust be equal to or exceed top allow
7. TEST DATA AND REQUEST FOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	CASING & TUBING SIZE , OR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure	me of load oil and m) p, pump, gas lift, etc Ch	ust be equal to or exceed top allow ble Size - MCF
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE . FOR ALLOWABLE (Test must be able for this defended by the second by the seco	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbis. Bbis. Condensate/MMC	me of load oil and me) o, pump, gas lift, etc Ch Ga	ust be equal to or exceed top allow ble Size - MCF
7. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teel GAS WELL	CASING & TUBING SIZE , COR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbis.	me of load oil and me) o, pump, gas lift, etc Ch Ga	ivet be equal to or exceed top allow blocke Size MGF svity of Condensate
TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teel GAS WELL Actual Prod. Teet-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE . COR ALLOWABLE (Test must be able for this described ab	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MMC Casing Pressure (Shut	me of load oil and m) p, pump, gas lift, etc Ch Ga F Gro	nust be equal to or exceed top alloworks Size Selection of the size of the si
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teel GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE . COR ALLOWABLE (Test must be able for this described ab	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MMC Casing Pressure (Shut	me of load oil and me) o, pump, gas lift, etc Ch Ga	ouet be equal to or exceed top allow oke Size e-MCF rvity of Condensate oke Size
TEST DATA AND REQUEST FOIL, WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	CASING & TUBING SIZE . FOR ALLOWABLE (Test must be able for this decay able for this	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Bbls. Condensate/MMC Casing Pressure (Shut	me of load oil and m) p, pump, gas lift, etc Ch Ga F Gro	nust be equal to or exceed top allow oke Size s-MCF rvity of Condensate oke Size
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIAN I hereby certify that the rules and	CASING & TUBING SIZE . COR ALLOWABLE (Test must be able for this described ab	after recovery of total volumenth or be for full 24 hours Producing Method (Flow Casing Pressure Water-Bbls. Casing Pressure (Shate APPROVED	me of load oil and m) p, pump, gas lift, etc Ch Ga F Gro	oke Size oke Size ovity of Condensate oke Size

'		
ale ON	200	
 (Signature)		
 Area Manager (Tule)		-

October 24, 1969

TUTLE_ SUPER

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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

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٦	NO. OF COPIES RECEIVED	_					
-							
-	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION			Form C=104	ld C-104 and C-11	
H	FILE	1	YMD		- Directive I-1-		
r	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL UND NATIURAL GAS					
-	LAND OFFICE	AOTHORIZATION TO TR	CONTRACTOR OF CONTRACTOR	J. Ook L-1	77 64		
	IRANSPORTER OIL.						
	GAS						
Ĺ	OPERATOR						
ı. L	PRORATION OFFICE			· 			
	Operator						
-	SOLAR OIL COMPANY Address						
		At diam de Tayra					
-	P. O. Box 5596 Reason(s) for filing (Check proper box	Midland, Texas.	Other (Pleas	e explain)			
	New Well	Change in Transporter of:					
	Recompletion	OII Dry C	Gas				
	Change in Ownership	Casinghead Gas Cond	ensate				
,	If change of ownership give name						
	and address of previous owner						
.,	DECODIDATON OF BUCKET AND	TEACE MANTE A	bo R-3895				
II.]	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation	Kind of Leas	Se	Lease No.	
	Audrey	1 TIMENECISE	ATES	State, Feder	olorFee Federal	LC 065525	
	Location						
ĺ	Unit Letter P ; 66	60 Feet From The South L	ine and 660	Feet From	The East		
			_			_	
	Line of Section 5 To	wnship 21-S Range	38-E , NMP)	۸ ، ا و	?a	County	
		man on our and magninar o	140				
II.	Name of Authorized Transporter of Of	TER OF OIL AND NATURAL G	Address (Give address	to which appro	oved copy of this form is	to be sent)	
ļ			Ray 1713	Midlan	d Tayas		
	Admiral Crude Oil Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address	to which appro	d, Texas oved copy of this form is	to be sent)	
	None						
Ì	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Wi	nen		
}	give location of tanks.	P 5 21-5 38-E	No	<u> </u>			
,	If this production is commingled wi	ith that from any other lease or pool	l, give commingling orde	r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	es'v. Diff. Res'v.	
	Designate Type of Completi		1	1	1	1	
- }	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	1	P.B.T.D.		
	12-4-68	2-9-69	7600'		75681		
ł	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay		Tubing Depth		
	3573'	Abo	7214		74691		
İ	Perforations	1		1/213		Depth Casing Shoe	
	7526' - 7282'				7600 '		
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	ET	SACKS CEMENT		
	13-3/4"	10-3/4"	8781		425		
	8-3/4"	711	76001	·····	668		
		2-3/8"	7469				
, l	MECH DAMA AND DISCUSSION D	FOR ALLOWARIE (Tank mine)	after recovery of total vol	ume of load oi	l and must be equal to or	exceed top allow	
٧.	TEST DATA AND REQUEST FOIL WELL		depth or be for full 24 hou	·s)			
į	Date First New Oll Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas	lift, etc.)		
	1-23-69	7-10-69	Pump		Chalco Str		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	24 hrs		Water-Bbls,		Gas-MCF		
	Actual Prod. During Test	Oil-Bbis.	86		17		
	104	10			3/		
	GAS WELL						
	Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MM	Bbls. Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL	CONSERV	ATION COMMISSION SELECTION COMMISSION SELECTION COMMISSION SELECTION SELECTION COMMISSION SELECTION SELECTION COMMISSION SELECTION SELECTION SELECTION COMMISSION SELECTION SELE	NC	
				Jl	TEAS IADA	10	
	I hereby certify that the rules and	regulations of the Oil Conservation	n APPROVED		0	., 13	
	Commission have been complied above is true and complete to the	with and that the information give ne best of my knowledge and belie	f. BY	· W.	myan		
	-			Gealowist.			

(Signature)

(Title)

(Date)

Production Clerk

July 24, 1969

TITLE . This form is to be filed in compliance with RULE 1104.

Geologist

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.