NO. OF COPIES RECEIVED	- '					
DISTRIBUTION			100N			
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE 3 State Supersedes Old C-104 and C-110 AND					
FILE						
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND AND	ATORAL GAS	200		
LAND OFFICE			- 10 11	00		
IRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE						
Operator IMIERIAL - AMERICAN M/			4			
Address	INAGENENT COMPANY					
507 Midland Savings Bl	ldg. Midland, Texas					
Reason(s) for filing (Check proper box)		Other (Please	explain)			
New We!l	Change in Transporter of: Oil Dry Gas			1		
Recompletion Change in Ownership X	Casinghead Gas Condense	ate				
			· · · · · · · · · · · · · · ·			
If change of ownership give name and address of previous owner	SOLAR OIL COMPANY B	lox 5596 Mid	land, Texa	5		
-						
DESCRIPTION OF WELL AND I	Well No. Pool Napp, Including For	mation	Kind of Lease	Lease No.		
Elliott Fields	1 Understandted A	Abo	State, Federal or	Fee Federal LC065525		
Location						
Unit Letter U; 660	Feet From The <u>South</u> Line	and <u>660</u>	_ Feet From The	West		
Line of Section 6 Tow	nship <u>21-S Range</u>	38-Е , ММРМ,	Lea	County		
Line of Section 6 Tow	1311p 21-0			· · · · · · · · · · · · · · · · · · ·		
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Cine address	a which approved	copy of this form is to be sent)		
Name of Authorized Transporter of Oil	X or Condensate					
Admiral Crude 011 Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address t	Box 1713 Midland, Texas Address (Give address to which approved copy of this form is to be sent)			
Skelly Oil Company		Box 1650 Tulsa, Oklahoma				
li well produces oil or liquide,	Unit   Dect   total	is gas actually connected? When				
give location of tanks.	V 6 21-S 38-E	Yes				
If this production is commingled wit	th that from any other lease or pool, g	give commingling order	number:			
COMPLETION DATA		New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completio		The set b		P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
		<u> </u>		Depth Casing Shoe		
Perforations				Depth Guang chee		
	TUBING, CASING, AND	CEMENTING RECOR	ID.			
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT		
HULE SIZE						
			······································			
	OR ALLOWABLE. (Test must be al	fter recovery of total vol	ime of load oil an	id must be equal to or exceed top allow-		
. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hour Producing Method (Flo				
Date First New Oil Run To Tanks	Date of Test	Producing Marinoa (Pito	-, <u>F</u> •			
	Tubing Pressure	Casing Pressure		Choke Size		
Length of Test				Gas - MCF		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.				
	1					
	•	•		· · · · · · · · · · · · · · · · · · ·		
GAS WELL Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/MMC	CF	Gravity of Condensate		
Nerver From From Mortha		a la Deservición de las	-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	,			
			CONSERVA	TION COMMISSION		
I. 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.			601	ST TORO		
		APPROVED	APPROVED UUI 11100, 19			
		BY ME Men				
above is true and complete to the	le dest of my knowledge and period		a ve	1		
		TITLE		molionce with Dut F 1104.		
ace- the and g		• 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.				
Area Manager	Tille)					
October 24,				, III, and VI for changes of owner er, or other such change of condition		

(Date)

Fill out only Sections I. II. III, and VI for change of ordition, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pack in multiply 

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-	DISTRIBUTION SANTA FE	NEW MEXICO OIL CO		Form C-104 Supersedes Old C-104 and C-110		
-	FILE	REQUEST F		0. C. LEffective 1-1-65		
	U.S.G.5.	AUTHORIZATION TO TRAN	AND NSPORT OIL AND MATURALS	A See		
-	LAND OFFICE		· · · · · · · · · · · · · · · · · · ·	rn .93		
	TRANSPORTER GAS	, «				
.E	OPERATOR PRORATION OFFICE			······		
	IMPERIAL - AMERICAN MA	NAGEMENT COMPANY				
^	Address					
	507 Midland Savings Bl Reason(s) for filing (Check proper box)	dg. Midland, Texas	Other (Please explain)	·····		
	Vew Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas				
	Change in Ownership X	Casinghead Gas Condens	sate			
	change of ownership give name ad address of previous owner	SOLAR OIL COMPANY H	Box 5596 Midland, Tex	8.8		
	,					
	ESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo		1 - 1		
	Elliott Fields	1 Drinkard	State, Federal	or Fee Federal LC065525		
L	Location (CO					
	Unit Letter_U; 660	Feet From The South Line	and <u>660</u> Feet From T	he <u>West</u>		
	Line of Section 6 Town	nship 21-S Range	38-Е , МАРМ, Геа	County		
_		ED OF OUT AND MATURAL CAS	e '			
<u>ם</u> ר]	ESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)		
	Admiral Crude Oil		Box 1713 Midland, T Address (Give address to which approv	exas		
	Name of Authorized Transporter of Cast Skelly Oil Company	nghead Gas 🙀 or Dry Gas 🗍	Box 1650 Tulsa, Okl			
-	If well produces oil or liquida,	Unit Sec. Twp. Ree.	Is gas actually connected?			
	give location of tanks.	V 6 21-5 38-E	Yes			
		h that from any other lease or pool, (	give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
7. C	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	k	Talal Daath	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
			<u> </u>	Depth Casing Shoe		
	Perforations		, , , , , , , , , , , , , , , , , , ,			
F		·····	CEMENTING RECORD	SACKS CEMENT		
Ľ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAUNS CEMENT		
$\left  \right $						
L		DR ALLOWARIE (Test must be a	fier recovery of total volume of load oil	and must be equal to or exceed top allow-		
	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li			
-	Date First New Oil Run To Tanks	Date of Test	producing Mathod (1.000, pump, suc	, , , , , , , , , , , , , , , , , , ,		
-	Length of Test	Tubing Pressure	Casing Presaure	Choke Size		
			Water - Bbls.	Gas • MCF		
-	Actual Prod. During Test	Oll-Bbls.				
I,			·	-		
	GAS WELL		Bble. Condensate/MMCF	Gravity of Condensate		
Γ	Actual Prod. Test-MCF/D	Length of Test		, 		
	Testing Method (pitot, back pr,)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				TION COMMISSION		
/1:	1. CERTIFICATE OF COMPLIANCE			CT 31 1969		
•	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED			
I hereby certify that the fuller and regulated that the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY				
			TITLE	DR DISTRICT		
		;	This form is to be filed in	compliance with RULE 1104.		
	A statement		If this is a request for allowable for a newly drilled of deepende 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 allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well news or number, or transporten or other such change of condition.			
		ature)				
	Area Manager (T	(cle)				
	October 24,					
(Date)			Separate Forms C-104 must be filed for each pool in multiply			

		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100									
NO. OF COPIES RECEIVED		•									
DISTRIBUTION		INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110								
SANTA FE	]	OR ALLOWABLE	Effective 1-1-65								
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS								
LAND OFFICE											
IRANSPORTER GAS											
OPERATOR											
PRORATION OFFICE	1										
SOLAR OIL COMPANY											
P. 0. Box 5596	Midland, Texas										
Reason(s) for filing (Check proper box, New Well	) Change in Transporter of:	Other (Please explain)									
Recompletion	Oil ' Dry Gas										
Change in Ownership	Casinghead Gas X Condens	sate									
If change of ownership give name and address of previous owner	<u>.</u>										
. DESCRIPTION OF WELL AND	LEASE										
Lease Name	Well No. Pool Name, Including Fo		e Lease No. <sup>1 or Fee</sup> Federal LC065525								
Elliott Fields	1 Undesignate	u Drinkaru	Tederal _cuo3525								
	)Feet From The <u>SOUth</u> Line	and <u>660</u> Feet From '	The West								
Line of Section 6 To	wnship 21-S Range	<u>38-Е , NMPM, Lea</u>	County								
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	<u>S</u>									
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro-									
Admiral Crude Oil Com Name of Authorized Transporter of Ca	Dany singhead Gas Y or Dry Gas	P. O. Box 1713 M Address (Give address to which appro	idland, Texas ved copy of this form is to be sent)								
Skelly Oil Company			idland. Texas								
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en								
give location of tanks.	V 6 21-S 38-E		8-7-69								
If this production is commingled wi . COMPLETION DATA	th that from any other lease or pool, i	give commingling order number:									
Designate Type of Completi	on (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.								
			P.B.T.D.								
Date Spudded		Total Depth									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth								
Perforations	Deformione		Depth Casing Shoe								
Ferrorations											
		DEPTH SET	SACKS CEMENT								
HOLE SIZE	CASING & TUBING SIZE	DEFINISE									
	· · · · · · · · · · · · · · · · · · ·										
	COD ALLOWARLE (Tast must be a	free recovery of total volume of load oil	and must be equal to or exceed top allow-								
V. TEST DATA AND REQUEST F OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)										
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ijt, etc.j								
Length of Test	Tubing Pressure	Casing Pressure	Choke Size								
		·									
Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas-MCF								
l		]									
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								
I. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION								
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.		19									
		BY									
							> .i				
Production Clerk		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 allow-									
						August 15, 1969	Fitle)	able on new and recompleted wells.			
							Date)	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.									

		<b>.</b> • '			
NO. OF COPIES RECEIVED					
DISTRIBUTION		CONSERVATION COMM	ISSION	Form C-104	
SANTA FE		FOR ALLOWABLE		Superceder OL	d C•104 and C•110
FILE		AND	· · · · · ·	Effective 1-1-6	i5
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	NATURAL GAS		
LAND OFFICE			- Co 159		
TRANSPORTER GAS	-				
OPERATOR					
. PRORATION OFFICE					
SOLAR OIL COMPANY					
P. 0. Box 5596	lidland, Texas				
Reason(s) for filing (Check proper bo	x)	Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas V Conder				
					ł
If change of ownership give name and address of previous owner					
and address of previous owner					
I. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	ormation	Kind of Lease	<del>.</del>	Lease No.
Lease Name			State, Federal or Fee	Federal	LC065525
Elliott Fields	1Wantz_Abo_(	£xt)	<u></u>		
Unit Letter U; 660	Feet From The South	ne and 660	Feet From The	west	
Line of Section 6 To	ownship 21-S Range	<u>R-38-Е , ммрм</u>	Lea		County
L DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	15			
Name of Authorized Transporter of O	11 X or Condensate	Address (Give address	to which approved cop	y of this form is a	to be sent)
Admiral Crude Oil Comp			713 Midlar		
Name of Authorized Transporter of C	asinghead Gas 🔀 or Dry Gas 📋	Address (Give address			to be sent)
Skelly Oil Company		P. 0. Box 99 Is gas actually connect	) <u>3</u> Midlar	nd, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.		8-7-69		
give location of tanks.				2	
If this production is commingled w V. COMPLETION DATA	with that from any other lease or pool,	give commingling order	r number:		
	· (V) Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Res	s'v. Diff. Res'v.
Designate Type of Complet	and the second s				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1	T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubir	ng Depth	
		-			
Perforations			Depth	h Casing Shoe	
	CASING & TUBING SIZE	D CEMENTING RECOR		SACKS CEN	MENT
HOLE SIZE			<u></u>		
V. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a able for this d	after recovery of total volu epth or be for full 24 hours	ime of load oil and mus s)	st be equal to or	exceed top allow=
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou		)	•••
Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size	
The share and Destant Treat	Oil-Bbls.	Water-Bbls.	Gast	MCF	
Actual Prod. During Test					
l		<u></u>			
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Grav.	ity of Condensate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut	t-in) Chok	• Size	<del></del>
Testing Method (pitot, back pr.)	Tunny Pressue (Blue-11)	(			
/I. CERTIFICATE OF COMPLIA	NOF	- OIL	CONSERVATION		N N
I. CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		AUG 18		
I hereby certify that the rules and	egulations of the Oil Conservation	APPROVED			, 19
Commission have been complied	with and that the information given he best of my knowledge and belief.	Ent	A	that/	
			тітце		
21 1 1	the second second		o be filed in compli		
11 f. mil	_ ~ C	well this form mus	at be accompanied b	le for a newly drilled or deepened d by a tabulation of the deviation	
(Signature) Production Clerk		tests taken on the well in accordance with RULE 111.			
	Title)	All sections of this form must be filled out completely for allo able on new and recompleted wells.			stery for allow-
August 15, 1969	-	Fill out only	Sections I. II. III.	and VI for cha	inges of owner,
(	Date)	well name or number	er, or transporter, or (	other such chan	ge of condition.
	Separate Form	ns C-104 must be f	Hed for each 1	foor m mentibly	

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completed wells.