## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO API CATION FOR MULTIPLE COMPLETION

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perator	Coul	nty	Date
SOLAR OIL COMPANY		Lea	11 April 69
ddress	Leas		Well No.
P. 0. Box 5596		lliott Fields	Range
ocation Unit Secti	2 Fa a	e.	
of Well U	6	21-S	38-E of a well in these same pools or in the same
zones within one mile of the subject w If answer is yes, identify one such ins		; Operator Lease,	and Well No.: SOC McCallister #1
The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation			
b. Top and Bottom of	Drinkard		AhΩ
Pay Section	6722'-7048'		7225'-7417'
(Perforations)	0,22 ,010		1225 /411
c. Type of production (Oil or Gas)	0il		0 i l
d. Method of Production			
(Flowing or Artificial Lift)	Pump		Pump
The following are attached. (Please cl	neck YES or NO)		
c. Waivers consenting to tors have been furnish	ned copies of the application.*  vell or other acceptable log wi  ch log is not available at the ti	th tops and bottoms of prome application is filed it s	ducing zones and intervals of perforation is hall be submitted as provided by Rule 112-
	P. O. Box 1600, Midla		·
Continental Oil Company	Permian Bldg., Midl		
Elliott Production Compan	y P. O. Box 1355, R	Roswell, New Mexico	
			·
Were all operators listed in Item 5 abdate of such notification April	ove notified and furnished a collin, 1969	py of this application? YI	ES X NO . If answer is yes, given
CERTIFICATE: I, the undersigned, s	mpany), and that I am authoriz	ed by said company to make	of the Solar Oil Company this report; and that this report was prepare
nder my supervision and direction and th	at the facts stated therein are	true, correct and complete t	o the best of my knowledge.
		771 J	mth
		1	Signature

\*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard proration unit in one or more of the producing zones, then separate application for approval of the same should be filed simultaneously with this application.

DATE: 11 April 1969	OPERATOR:	SOLAR OIL COMPANY	LEASE: Elliott Fields
POOL: Wantz Abo & Drinkard		COUNTY: Lea	WELL NO.:

EXHIBIT "C"

LEASE PLAT AND

OWNERSHIP MAP

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	$\epsilon_{i} = \epsilon_{i}$		
COUNTY <u>Lea</u>			LEASE Elliott-Fields
STATE New Mexico	•	1	WELL NO. 1
LEASE DESCRIPTION:			OTHER LEASES OWNED IN AREA
South 320 acres Sec. 6 T-21-S, R-38-E		*	PROPOSED LOCATION
<b>3, 1. 33 2</b>			WELLS PRODUCING IN OBJECTIVE HORIZON.

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

## NEW MEYICO OIL CONSERVATION COMMISSION

## SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Leas		<b>,</b>	ell
SOLAR OIL COMPANY Location Unit   Sec	Twp	Elliott Field Rge	ds N County	0. ]
of Well U 6	21-5	38-E		Lea Chalas Cása
Name of Reservoir or Pool	Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl Drinkard	0i1	Pumping	Tbg	
Lower Compl Abo	011	Pumping	Tbg	
	FLOW TEST	NO. 1		
Both zones shut-in at (hour, date):	10 AM 3	-25-69		
Well opened at (hour, date): 5:15	PM 3-25-69		Upper Completion	Lower Completion
Indicate by ( X ) the zone producing.	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	X
Pressure at beginning of test	• • • • • • • • • • • •	•••••	240	130
Stabilized? (Yes or No)	• • • • • • • • • • • • •	•••••	••••• Yes	Yes
Maximum pressure during test	• • • • • • • • • • • • • • • • • • • •		240	130
Minimum pressure during test	• • • • • • • • • • • • •		240	30
Pressure at conclusion of test	• • • • • • • • • • • • •		240	50
Pressure change during test (Maximum	minus Minimum)	••••••	0	100
Was pressure change an increase or a	de <b>cr</b> ease?	Total Tir		Decrease
Well closed at (hour, date): 11:30 / Oil Production	AM 3-26-69 Gas Pro	Production		
During Test: 43 bbls; Grav.			MCF; GOR	
Remarks				
	FLOW TEST	NO. 2	Ilmnom	Tavon
Well opened at (hour, date): 2	PM 3-26-69		Upper Completion	Lower Completion
Indicate by ( X ) the zone producing	g	• • • • • • • • • • • • • • • • •	X	
Pressure at beginning of test	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	260	50
Stabilized? (Yes or No)	• • • • • • • • • • •	• • • • • • • • • • • • • • • • •	Yes	Yes
Maximum pressure during test	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	260	50
Minimum pressure during test	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	60	50
Pressure at conclusion of test		•••••••	60	50
Pressure change during test (Maximum r	minus Minimum)	• • • • • • • • • • • • • • • • •	200	
Was pressure change an increase or a c	decrease?	Total time		
Well closed at (hour, date) 9 AM  Dil Production  During Test: 18 bbls; Grav.	Gas Prodi	Production	19 hrs.	
Remarks Test indicates no communicatio				<del></del>
1531		<del></del>		
I hereby certify that the information mowledge.				est of my
Approved New Mexico Oil Conservation Commission		Operator SOLA	AR OIL COMPANY	
·	. = <b>.</b>	-3		
'itle		Title Pro		
		Date 11	April 69	



