

INCLINATION REPORT

ONE COPY MUST BE FILED WITH EACH COMPLETION REPORT

Field Name Undesignated County Lea RRC Dist. No. _____
Operator Solar Oil Company Address P. O. Box 5596 City Midland, Texas
Lease Name & No. Elliott Fields Well No. 1 Survey _____

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
250	1/2	2.18	2.18
612	1/4	1.15	3.33
862	1/2	2.18	5.51
1296	1/2	3.77	9.28
1764	1/2	4.07	13.35
2198	3/4	5.69	19.04
2518	3/4	4.19	23.23
3010	3/4	6.45	29.68
3110	3/4	1.31	30.99
3312	1/4	.90	31.89
3757	1 1/4	9.66	41.55
4180	3/4	5.54	47.09
4839	3/4	8.63	55.72
5365	1/2	4.58	60.30
5769	1/2	3.51	63.81
6650	3/4	11.54	75.35
7056	1/2	3.53	78.88
7400	3/4	4.51	83.39

Total Displacement 83.39

Was survey run in Tubing Drill Pipe Casing Open Hole
Distance to nearest lease line _____ feet
Distance to lease lines as prescribed by field rules _____ feet

Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

L. A. Rogers
SignatureCACTUS DRILLING CORPORATION
Company

Operator Affidavit:

(Note: Party making affidavit must strike out inapplicable phrases, and must file explanatory statement when applicable.)

Before me, the undersigned authority, on this day, personally appeared Lee Russell, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states ~~that he is acting at the direction and on behalf of the operator of the well identified in this instrument~~, and that such well was not intentionally deviated from the vertical whatsoever. ~~(and that such well was not intentionally deviated from the vertical whatsoever)~~

Lee Russell Asst. Drlg. Supt.
Signature and Title of Affiant

Sworn and Subscribed to before me, this the 18th day of February, 1969.

Marilyn J. Smith
Notary Public in and for Midland
County, Texas.

RRC Use Only:

Approved By: _____
Title: _____
Date: _____

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator SOLAR OIL COMPANY	
Address Box 5596 Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Fields	Well No. 1	Pool Name, Including Formation Wantz-Abo R-3818 Undesignated Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC065525
Location Unit Letter U : 660' Feet From The South Line and 660' Feet From The West				
Line of Section 6 Township 21-S Range R-38-E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Admiral Crude Company	Address (Give address to which approved copy of this form is to be sent) Box 1713 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit V	Sec. 6	Twp. 21-S	Rge. 38-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-1-68	Date Compl. Ready to Prod. 1-12-69		Total Depth 7460'		P.B.T.D. 7420'			
Elevations (DF, RKB, RT, GR, etc.) 3556' Gr.	Name of Producing Formation Abo		Top Oil/Gas Pay 7088'		Tubing Depth 7286'			
Perforations 7225-7417'					Depth Casing Shoe 7460'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4	10-3/4	861'	425 sx
9-5/8	7-5/8	7460'	950 sx
	2-3/8	7286'	
	2-3/8	7014'	

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 12-21-68	Date of Test 1-15-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 153	Oil-Bbls. 144	Water-Bbls. 9	Gas-MCF 151

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

M. J. Smith
(Signature)
Production Clerk
(Title)
February 17, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyon
TITLE _____

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.

RAILROAD COMMISSION OF TEXAS

OIL AND GAS DIVISION

INCLINATION REPORT

Form I-1
11-2-62

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Lee Russell Asst. Drlg. Supt.
Signature and Title of Affiant

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