NO. OF CPIES REC	EIVED	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	PRORATION OFFICE Operator	, 				
	SOLAR OIL COMPANY Address					
	Box 5596 Midl Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Other (Please explain) Change in Transporter of: Oil Dry Gas				
	If change of ownership give name and address of previous owner					
	•	EASE SALT	11/1 / / / / / / / / / / / / / / / / /			
ш.	Lease Name Well No. Pool Name, Including Formation Lease Name Lease No. State, Federal or Fee					
	Art Yeager 1 Jundes ignated ABO K-35 IS State, Federal or Fee Fee					
	Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East					
	Line of Section 25 Tow	mship 21S Range 37E	, NMPM,	Lea County		
5 75	DESIGNATION OF TRANSPORT	'ER OF OIL AND NATURAL GA	AS			
***	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	Admiral Crude 0il (Name of Authorized Transporter of Cas		Box 1713 Midlan Address (Give address to which app	d, Texas roved copy of this form is to be sent)		
	None		1	When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	Wileti		
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
14.	Designate Type of Completio	n — (X)	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.		
	12-9-68	2-3-69	7556 Top Oil/Gas Pay	75251 Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.) 3402.6	Name of Producing Formation Abo	6957 6957			
	Perforations		1. V.J.	7154' Depth Casing Shoe		
	7439-7261' & 7227-7069'		D CEMENTING RECORD	7556'		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13-3/4 8-3/4	9-5/8"	841	500 sx		
	8-3/4	2-3/8"	7556 7154	650-sx		
V.	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	lift, etc.)		
	3-4-69 3-20-69 Length of Test Tubing Pressure		Pumping 2" x 1111 Casing Pressure	Choke Size		
	24 hr. Actual Prod. During Test	33# Oil-Bbls.	Water-Bbls.	Gas-MCF		
	1103_Bb1	99	1 4	120		
	GAS WELL		Table Continues Angri	Gravity of Condensate		
	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 COMPLIANCE		OIL CONSER	VATION COMMISSION		
			APPROVED			
	Commission have been complied w	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By filles		
	above is true and complete to the best of my knowledge and belief. (Signature) (Title) April 2, 1969 (Date)					
			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despende 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 our 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.			