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DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Form C-104
AND  U.S.G.S.  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	6
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Supersedes Old C-104 and C-11 Elloctive [-1-65
LAND OFFICE	
CAND O. V. O. C.	
TRANSPORTER	
GAS	
OPERATOR	
PRORATION OFFICE	
Operator	
IMPERIAL - AMERICAN MANAGEMENT COMPANY	
Address	
507 Midland Savings Bldg. Midland, Texas	
Reason(s) for filing (Check proper box)  Other (Please explain)	
New We!l Change in Transporter of:	
Recompletion Oil Dry Gas	
Change in Ownership X Casinghead Gas Condensate Condensate	
Change in Ownership (A)	
change of ownership give name SOLAR OIL COMPANY Box 5596 Midland, Texas	'
and address of previous owner SULAR OIL CONTANT DOX 2000	
DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including Formation   Kind of Lease	Lease No.
State, Federal of F	Fee Fee
Royalty Holding 3 Undesignated	
Location	Foot
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The	East
	County
Line of Section 25 Township 21-S Range 37-E , NMPM, Lea	County
	· ·
The same are the same and same are the same	- Labin form in to be cent!
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved c	opy of this form is to be sent,
Por 1712 Midland Texa	as
Admiral Crude 011  Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved c	copy of this form is to be sent)
	oma
Skelly Off Company	
If well produces oil or liquids,	TIVE JANUARY 31, 1977,_
give location of tanks. D/G 25 21 57 123 KFIT	Y OIL COMPANY MERGE
f this production is commingled with that from any other lease or pool, give commingling order number:	CETTY OIL COMPANY.
COURT ETION DATA	
UNIPLE, LIUN DALA	lug Back   Same Res'v. Diff. Res'
<u></u>	lug Back   Same Resiv. Dill. Resi
Designate Type of Completion - (X)	
Designate Type of Completion - (X)	B.T.D.
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Total Depth	.B.T.D.
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.  Top Oil/Gas Pay	
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  Top Oil/Gas Pay	.B.T.D.
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Area Manager

(Title)

October 24, 1969

(Date)

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 transporten or other such change of condition.

Control Forms C-104 must be filed for each pool in multiply