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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
BROBATION OF		

September 4, 1969

(Date)

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1	
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT QIL AND NATURAL	. GAS	
LAND OFFICE		· · · · · · · · · · · · · · · · · · ·	វិស្ស៊ី	
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
SOLAR OIL COMPANY				
Address			······································	
P. 0. Box 5596	Midland, Texas			
Reason(s) for filing (Check proper	box)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry G			
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give nam	e e			
and address of previous owner_				
DESCRIPTION OF WELL A	ND TEACE			
DESCRIPTION OF WELL AS Lease Name	Weil No. Pool Name, Including F	Tormation Kind of Lea	Lease No.	
Art Yeager	3 Wantz Abo	State, Fede	eral or Fee	
Location	Namez Abo		Fee	
D	740 Feet From The South Lis	ne and 660 Feet From	. m	
Unit Letter P;	740 Feet From the 2011[1] Li	ne dna <u>ODU</u> reet r ron	n The <u>EAST</u>	
Line of Section 25	Township 21-S Range	37-E , NMPM,	Lea County	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of			roved copy of this form is to be sent)	
Admiral Crude Oil			nd, Texas	
Name of Authorized Transporter of	Casinghead Gas Or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
Skelly Oil Company			d, Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen	
give location of tanks.	J/0 : 25 : 21 : 37	Yes	8-21-69	
f this production is commingled	with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	** 12.79.71			
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv	
		X Total Depth		
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.	
7-11-69 Elevations (DF, RKB, RT, GR, etc	8-21-69 Name of Producing Formation	7522 Top Oil/Gas Pay	7454 Tubing Depth	
3404' GR			7271 '	
Perforations	l Abo	7000'	Depth Casing Shoe	
7434' - 7287'			75221	
<u> </u>	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8''	8941	425 sx	
7-7/8''	5-1/2"	7522'	700 sx	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allou	
OIL WELL	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
8-13-69	8-26-69	Pumping		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
142	82	60	59	
GAS WELL	T			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		6.1.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		<u> </u>		
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION	
		ABBRONES	8,1 969)	
	nd regulations of the Oil Conservation	APPROVED	, 18	
	d with and that the information given the best of my knowledge and belief.	BY	Much	
-		110,400	DISTRICTAL	
		TITLE	x 44 - 33 44' - B	
Jan J. Anu	+/	This form is to be filed in	compliance with RULE 1104.	
	1 h	If this is a request for allo	wable for a newly drilled or despende	
,	ignature)	well, this form must be accomp tests taken on the well in accomp	anied by a tabulation of the deviation ordance with RULE 111.	
Production Clerk		All sections of this form m	oust be filled out completely for allow	
**	(Title)	able on new and recompleted w	volla.	

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