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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Elliott Fields	Well No. 3	Pool Name, Including Formation Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC 065525
Location Unit Letter <u>N</u> , 1980 Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>6</u> Township <u>21-S</u> Range <u>38-E</u> , NMPM, Lea County				

III. 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 Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713 Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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. 37-E	Is gas actually connected? No	When

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

IV. 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 2-3-69	Date Compl. Ready to Prod. 3-31-69		Total Depth 7561'		P.B.T.D. 7505'			
Elevations (DF, RKB, RT, GR, etc.) 3555.8 Gr	Name of Producing Formation Abo		Top Oil/Gas Pay 7118'		Tubing Depth 7401'			
Perforations 7484'-7244'					Depth Casing Shoe 7550'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	10-3/4"		865'		550 sx			
8-3/4"	7"		7550'		665 sx			
	2-3/8"		7401'					

V. 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 3-17-69	Date of Test 5-19-69	Producing Method (Flow, pump, gas lift, etc.) 2" X 1-1/2" X 16' insert pump	
Length of Test 24 hrs	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 55 bbls	Oil-Bbls. 35	Water-Bbls. 20	Gas-MCF 42

GAS WELL

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

\_\_\_\_\_  
(Signature)  
Production Clerk  
(Title)  
June 10, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 route 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 transportation or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.