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<u> </u>	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE OFFICE O. C. C. Supersedes Old C-104 and C-110		
-	SANTA FE	KEQUEST	AND ,	U. C. Effective 1-1-65
-	FILE	· · · · · · · · · · · · · · · · · · ·	INSPORT OIL AND NATURES	THE too
Ļ	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND MATORES C	rnr 1 69
-	LAND OFFICE			
	TRANSPORTER GAS			
į -				
-	PROPATION OFFICE			
1.	Operator			
Ì	SOLAR OIL COMPANY			
-	dress			
P. O. Box 5596, Midland, Texas Reason(s) for filing (Check proper box) New Well				
	Recompletion	Oil X Dry Go	ıs	
İ	Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name				
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE UNDESCRIPTION OF WELL AND LEASE Kind of Lease				e Lease No.
	Lease Name	Well No. Pool Name, Including F		or Fee
	Art Yeager	2-Y Abo	State, Federa	Fee
Location				
	Unit Letter 0; 2260 Feet From The East Line and 330 Feet From The South			
	<u></u>			
	Line of Section 25 Tow	nship 21-5 Range	37-E , NMPM,	Lea County
III.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)			
	P O Box 1713 Midland TExas			
	Admiral trude			
	Name of Authorized Transporter of Cas		Address (Othe dealess to mitter app.	
İ		None	Is gas actually connected? W	nen
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually comments.	
	give location of tanks.	J 25 21-S 37-E		
	this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	4-11-69	7380 '	7347'
	2-5-69	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Abo	6963 '	7279 '
	3404' Gr Abo Perforations 7313'-7346'			Depth Casing Shoe
				7279'
	/515 /540	THRING CASING AN	ID CEMENTING RECORD	
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-1/4"	9-5/8"	857 '	500 sx
	8-7/8"	7"	7379'	900 sx
	0-770	2-3/8"	7379 '	
		OP ALLOWARIE (Test must be	after recovery of total volume of load oi	l and must be equal to or exceed top allow
V.	able 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	
	3-24-69	5-14-69	2" × 1-1/2" × 16	' insert pump
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	24 hrs	===		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	75	60	15	59
	1			
GAS WELL				
	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
1/1	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION
4 7	CONTRACTOR OF COMMENT		<i>F</i>	1000

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

Production Clerk

June 10, 1969

This form is to be filed in compliance with RULE 1104.

TITLE 4

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

DIZIRICT

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