

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE OFFICE O. C. C.  
AND JUN 30 8 23 AM '69  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator  
SOLAR OIL COMPANY  
Address  
P. O. Box 5596, Midland, Texas  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bunin	Well No. 3-Y	Pool Name, Including Formation WANTZ Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 660 Feet From The North Line and 890 Feet From The East Line of Section 13 Township 21-S Range 37-E , NMPV, 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 1317, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 E	Sec. 18	Twp. 21-S	Rge. 38-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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-27-68	Date Compl. Ready to Prod. 3-6-69	Total Depth 7400'	P.B.T.D. 7400'					
Elevations (DF, RKB, RT, GR, etc.) 3450' Gr	Name of Producing Formation Abo	Top Oil/Gas Pay 6988	Tubing Depth 7010'					
Perforations 7044' - 7328'	Depth Casing Shoe 7010'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7-7/8"	CASING & TUBING SIZE 5-1/2"		DEPTH SET 4666'		SACKS CEMENT			
	2-3/8"		7010'					
	8-5/8"		3050'					
	5-1/2"		466' to 7380'					

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 2-14-69	Date of Test 5-17-69	Producing Method (Flow, pump, gas lift, etc.) Pmpg.	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 56	Oil - Bbls. 11	Water - Bbls. 45	Gas - MCF 15

GAS WELL

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

M. J. Smith  
(Signature)  
Production Clerk  
(Title)  
June 24, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 59, 19  
BY [Signature]  
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 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 transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.