This form is not to be used for reporting packer leakage tests in Northwest New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator		Lease		Well No.
SOLAR OIL COMPANY		McCallister		1
Location of Well: Unit C	Sec 7	Twp T22S	Rge R38E	County Lea

	Name of Reservoir or Pool	Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)	Choke Size
Upper Compl	Drinkard	Oil	Pumping	Tubing	Open
Lower Compl	Abo	Oil	Pumping	Tubing	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 2:00 P.M. 12-10-68

	Upper Completion	Lower Completion
Well opened at (hour, date): 2:00 P.M. 12-11-68		
Indicate by (X) the zone producing		X
Pressure at beginning of test	380	40
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	380	40
Minimum pressure during test	380	20
Pressure at conclusion of test	380	20
Pressure change during test (Maximum minus Minimum)	0	20
Was pressure change an increase or a decrease?	0	Decrease

Well closed at (hour, date): 1:00 P.M. 12-12-68 Total Time On Production 23 hr.

Oil Production During Test: 78 bbls; Grav. 41.2 ; Gas Production During Test 569 MCF; GOR 1380

Remarks

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date): 3:00 P.M. 12-14-68		
Indicate by (X) the zone producing	X	
Pressure at beginning of test	120	590
Stabilized? (Yes or No)	Yes	Yes
Maximum pressure during test	120	620
Minimum pressure during test	10	590
Pressure at conclusion of test	10	620
Pressure change during test (Maximum minus Minimum)	110	30
Was pressure change an increase or a decrease?	Decrease	Increase

Well closed at (hour, date) 6:30 P.M. 12-15-68 Total time on Production 27½ hrs.

Oil Production During Test: 42 bbls; Grav. 39.8 ; Gas Production During Test 693 MCF; GOR 1740

Remarks

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved 19

New Mexico Oil Conservation Commission

By

Title

Operator SOLAR OIL COMPANY

By W J Smith

Title Production Clerk

Date January 31, 1969

EXHIBIT "C"

LEASE PLAT AND

OWNERSHIP MAP

COUNTY Lea

STATE New Mexico

LEASE DESCRIPTION:

Sec. 6, T-22-S, R-~~37~~ 38-E:
NE¼ NW¼, SW¼ NE¼
NE¼ SW¼

Sec. 7, T-22-S, R-~~37~~ 38-E:
NE¼ SW¼

LEASE McCallister

WELL NO. 1

OTHER LEASES OWNED IN AREA

PROPOSED LOCATION

WELLS PRODUCING IN OBJECTIVE HORIZON.

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 AND 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 ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Wantz-Abo R-3818

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
McCallister	1	~~Wantz Abo Ext.~~	State, Federal or Fee Fee	

Location

Unit Letter C ; _____ Feet From The ~~660~~ 1980 Line and ~~North~~ 1980 Feet From The West

Line of Section 7 Township 22-S Range 38-E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Admiral Crude Oil	P. O. Box 1713 Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Skelly Oil Company	Box 730 Hobbs, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	7	22-S	38-E		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

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)

March 4, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1969, 19

BY Leslie A. Clements

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.