DISTRIBUTION							
	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-I	04	
SANTA FE		EQUEST FOR ALLOWABLE				Supersedes Old C-104 and Elfoctive 1-1-65	
FILE		AND			FIIOCIIVA	Filectiae 1-1-02	
U.S.G.S.	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE							
TRANSPORTER -			•				
GA\$							
OPERATOP							
Operator							
SOLAR OIL COMPA	NY ·						
Address		 					
P. O. Box 5114,	Midland, Texas						
Reason(s) for filing (Check proper box)			Other (Please	explain)			
New Well	Change in Transporter of:		Request a testing a			le of	
Recompletion	OII Dry C	⁴• ⊣	1000 bb1s.				
Change in Ownership	Casinghead Gas Cond	nsate					
If change of ownership give name and address of previous owner							
•							
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including	Formation		Kind of Lease)	Leas	
Lease Name	Well No. Pool Name, Including Undesignated				LorF•• Fee		
Mc Callister	Undesignated	DITIKAL			100_		
Location C 66	O Feet From The North L	10	80	.	rhe West		
Unit Letter	Feet From TheL	ine and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FeetFrom	The		
7 -	mahin 22-S Range	38-E	, NMPM,	Le	а	С	
Line of Section / Tow	mahip ZZ=3 Range		, 14141. 141,				
THE STATE OF THE ANCHORUS	CER OF OUT AND NATURAL G	24					
DESIGNATION OF TRANSPORT	or Condensate	Address	(Give address t	o which appro-	ved copy of this f	orm is to be sen	
Admiral Crude (Box	1713, MId	land. Tex	(as		
Name of Authorized Transporter of Cas	unghead Gas or Dry Gas	Address	(Give address)	o which appro	ved copy of this f	orm is to be sen	
Neme of Administration from the design of th							
	Unit Sec. Twp. P.ge.	le gas a	tually connecte	d? Wh	en		
If well produces oil or liquids, give location of tanks.	C 7 22-S 38-	F		4			
<u> </u>							
			mingling order	number:			
If this production is commingled with	th that from any other lease or poo		mingling order	number:			
COMPLETION DATA	Oil Well Gas Well			number:	Plug Back S	ame Resty. Diff	
If this production is commingled with COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	l, give com			1	ame Restv. Diff	
COMPLETION DATA	Oil Well Gas Well	l, give com	Workover		Plug Back S	ame Resiv. Diff	
Designate Type of Completic	on - (X) Gas Well	New Wei	Workover		P.B.T.D.	ame Restv. Diff	
Designate Type of Completic	on - (X) Gas Well	New Wei	Workover		1	ame Restv. Diff	
Designate Type of Completic	Date Compl. Ready to Prod.	New Wei	Workover		P.B.T.D. Tubing Depth		
Designate Type of Completic	Date Compl. Ready to Prod.	New Wei	Workover		P.B.T.D.		
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation	New Wel	Workover	Deepen	P.B.T.D. Tubing Depth		
Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod.	New Wel	Workover	Deepen	P.B.T.D. Tubing Depth Depth Casing	Shoe	
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(Signature)

(Tule)

Production

7 January 1968

SIOn

me of load oil and must be equal to or exceed top allow-

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

Lease No.

County

Same Res'v. Diff. Res'v.

OIL CONSERVATION	COMMISSION

This form is to be filed in compliance with RULE 1184.

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 allow able on new and recompleted wells.

Fill out only Sections I, II. III, and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED						
DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL (REQUEST	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65				
U.S.G.S. LAND OFFICE I RANSPORTER GAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
OPERATOR PRORATION OFFICE Operator						
Solar Oil Comp						
Box 5114, Midl Reason(s) for filing (Check proper box	,	Other (Please explain)				
New We!! Recompletion Change in Ownership	Change in Transporter of: Oil	as				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND Legae Name McCallister	LEASE Well No. Pool Name, Including I Wantz Abo	Formation Kind of Lease State, Federal o	r Fee Lease No.			
Location Unit Letter C 66	00 Feet From The North Li		Nost			
-	wnship 22-S Range		ea County			
Name of Authorized Transporter of Oil Admiral Crude Oil Con Name of Authorized Transporter of Ca	or Condensate	AS Address (Give address to which approved Box 1713, Midland, Tex Address (Give address to which approved	as			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 7 22-S 38-	Is gas actually connected? When	•			
If this production is commingled wi	·	-				
Designate Type of Completion	on - (X) Gas Well Gas Well Oil Well Gas Well Oil Well Gas Well Oil Well Gas Well Oil Well Gas Well		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation		Tubing Depth			
Perforations	<u> </u>		Depth Casing Shoe			
HOLE SIZE	TUBING, CASING, AN	DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load oil an	d must be equal to or exceed top allow			
OII, WELL Date First New Oil Run To Tanks	able for this a	depth or be for full 24 hours) Producing Method (Flow, pump, gas life,				
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bble.	Water - Bble.	Gas - MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensale			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. CERTIFICATE OF COMPLIAN	CE	1)	FION COMMISSION			

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)

(Title)

(Date)

Production Clerk

7 January 1968

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 transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.