NO. OF COPIES NEC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

III.

ίv.

DISTRIBUTION	NEW MENT		
SANTA FE		L CONSERVATION COMMISSION ST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	
FILE	REQUES		
U.S.G.S.	ALITHOPIZATION TO TE		
LAND OFFICE	ACTIONIZATION TO TH	TRANSPORT OIL AND NATURAL GAS	
TRANSPORTER OIL		<u>.</u>	
GAS			
OPERATOR			
I. PRORATION OFFICE			
Operator			
SOLAR OIL COMPA	NY		
P. O. BOX 5114, Reason(s) for filing (Check prop	MIDLAND, TEXAS 79701		
New Well		Other (Please explain)	
Recompletion	Change in Transporter of:		
Change in Ownership		≒ 1	
	Cond	ensate	
If change of ownership give no			
and address of previous owner			
II. DESCRIPTION OF WELL	AND I FASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Leas	e Lease No.
McCallister	1 MAILYESK	State, Federa	i
Location	ONDER	3137311188	100
Unit Letter C	660 Feet From The North	ine and 1980 Feet From	_{The} West
	1 eet 1 tom 1 ne 1102 cts	reet from	TheWESL
Line of Section 7	Township 22-S Range	38-E , NMPM, L	ea County
			County
I. DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL G	AS	_
Name of Authorized Transporter	of Oil 🔀 or Condensate 🗌	Address (Give address to which appro	ved copy of this form is to be sent)
Permian Corpora		Box 3119, Midland, Te	xas 79701
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
give location of tanks.	C 7 22-S 38-E	G	
If this production is commingle	d with that from any other lease or pool	give commingling order number	
V. COMPLETION DATA	,		
Designate Type of Comp	letion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-14-68	9-10-68	7300'	7249'
Elevations (DF, RKB, RT, GR, e	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
GR - 3347.3	Abo	6881	7108'
			Depth Casing Shoe
7240'-6924'			7300'
104 5 5175		D CEMENTING RECORD	-
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4"	850 '	400 sx.
9-3/4"	7-5/8"	7300'	935 sx.
	2-3/8" EUE	6837 '	<u> </u>
/ CECC DAMA AND DECIMA	2-3/8" EUE	7108'	<u> </u>
/. TEST DATA AND REQUES OIL WELL	TFOR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanki		Producing Method (Flow, pump, gas lij	ft etc.)
10 - 1 -68	10-20-68		•, •,,
Length of Test	Tubing Pressure	Pump Casing Pressure	Choke Size
24 hrs.			Chore Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
105	95		
105	1.90	10	131
GAS WELL		•	·
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPL	IANCE	011 0011055111	
. CERTIFICATE OF COMPL.	IANCE	GIL CONSERVA	TION COMMISSION
I handhu madifi ak a ak a a ka		APPROVED	. (3)
Commission have been complied with and that the information given			
		BY	(ful)
		1 //	
. <u> </u>		TITLE	7/
-721 L	1 7/	This form is to be filed in c	ompliance with RULE 1104.
	mi k		able for a newly drilled or deepened
	Signature)	il well, this form must be accompan-	nied by a tabulation of the deviation

PRODUCTION CLERK (Title)
November 15, 1968

(Date)

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.