

**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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR

Operator: **SOLAR OIL COMPANY**

Address: **P. O. Box 5114, Midland, Texas**

Reason(s) for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain): **Request a testing allowable of 1000 bbls.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name G.P.S. Federal	Well No. 1	Pool Name, Including Formation Undesignated Abo	Kind of Lease State, Federal or Fee Federal	Lease No.
Location: Unit Letter 0 1980 Feet From The East Line and 660 Feet From The South				
Line of Section 6 Township 22-S Range 38-E , NMPM, 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 Company	Address (Give address to which approved copy of this form is to be sent) Box 1713, 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: 0 Sec.: 6 Twp.: 22-S Rge.: 38-E
Is gas actually connected?	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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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 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	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.

WJ Smith
(Signature)
Production Clerk
(Title)
7 January 1969
(Date)

OIL CONSERVATION COMMISSION

JAN 8 1969

APPROVED _____, 19____

BY John W. Runyan

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: Solar Oil Company

3. ADDRESS OF OPERATOR: P. O. Box 5114, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 1980' FEL & 660' FSL

5. LEASE DESIGNATION AND SERIAL NO.: NM - 029029

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: G.P.S. Federal

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA: 6-22S-38E

12. COUNTY OR PARISH: Lea

13. STATE: NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.): 3355.8 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud & Casing</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 9-18-68 - Spud 13-3/4" hole
- 9-19-68 - Ran 10-3/4", 40.5#, H-40 csg to 850'. Cmtd with 400 sx Class C, 4% gel, 2% CaCl2, 1/4# flocele/sk. Circ. WOC 18 hrs. Tested to 1000# for 30 mins. Held OK.
- 10-17-68 - Drilled 9-7/8" hole to TD of 7375'. Ran 7-5/8", 33.7#, J-55 csg to 7375'. Cmtd with 300 sx Class C 6% gel & 500 sx Class C, 2% gel, 3.3# salt/sk, .5% CFR-2 & 8# #3 sd/sk. Press to 1000# for 30 mins. Held OK.

18. I hereby certify that the foregoing is true and correct
SIGNED: M. J. Smith TITLE: Production Clerk DATE: Nov. 5, 1968

(This space for Federal or State office use)
APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 6 1968
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

2. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

3. NAME OF OPERATOR
 Solar Oil Company

4. ADDRESS OF OPERATOR
 P. O. Box 5114, Midland, Texas

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
 At proposed prod. zone Same
 1980 FEL & 660 FSL

6. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 Approximately 3 miles SD of Eunice, New Mexico

7. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit line, if any)
 660

8. NO. OF ACRES IN LEASE
 80

9. NO. OF ACRES ASSIGNED TO THIS WELL
 40

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

11. PROPOSED DEPTH
 7400'

12. ROTARY OR CABLE TOOLS
 Rotary

13. ELEVATIONS (Show whether DF, RT, GR, etc.)

14. APPROX. DATE WORK WILL START*
 September 18, 1968

25. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
13-3/4"	10-3/4"	40.5#	850'	400 sx Circ.
9-7/8"	7-5/8"	33.7#	7400'	500 sx Base of salt

This well will be drilled to a depth sufficient to test the Abo formation, approximately 7400'

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED: Marilyn J. Smith TITLE: Production Clerk DATE: September 16, 1968

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
 SEP 18 1968
 A. R. BROWN
 DISTRICT ENGINEER

*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

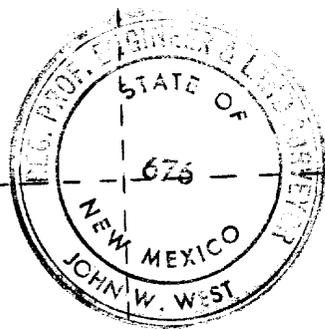
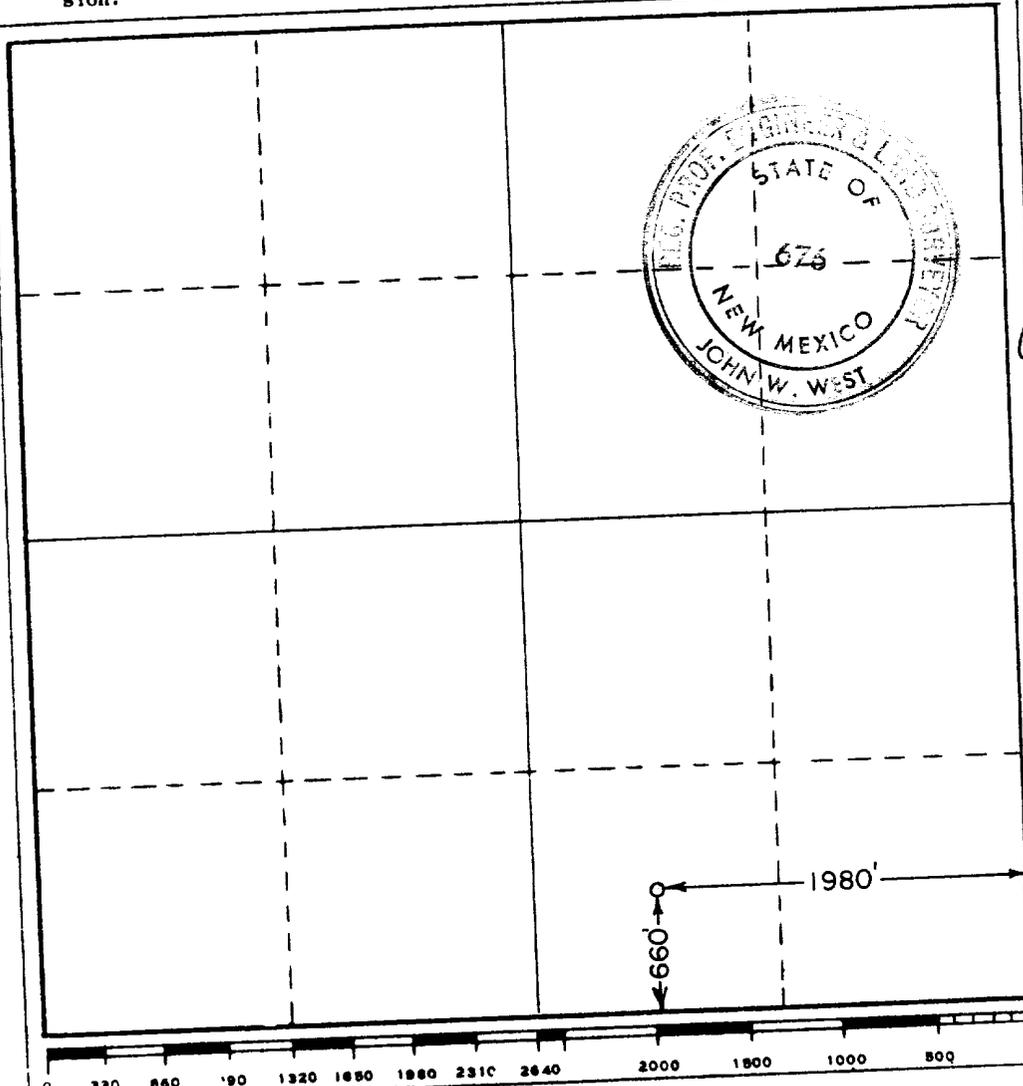
Operator SOLAR OIL COMPANY			Lease SEP 21 10 58 AM '68 GPS FEDERAL 2113		Well No. 1
Unit Letter O	Section 6	Township 22 SOUTH	Range 38 EAST	County LEA	
Actual Footage Location of Well: 660 feet from the SOUTH line and 1980 feet from the EAST line			Dedicated Acreage: 40 Acres		
Ground Level Elev. 3355.8	Producing Formation ABO	Pool UNDESIGNATED			

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name **John W. West**
 Position **AGENT**
 Company **SOLAR OIL COMPANY**
 Date **9-17-1968**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
SEPTEMBER 13, 1968

Registered Professional Engineer and/or Land Surveyor

John W. West
 Certificate No. **676**