s	/										
٢	NO. OF COPIES RECI	EIVED		ו				·			
ł	DISTRIBUTIC							661011	Ener (C 104	
ŀ	SANTA FE			NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes AND			sedes Old	C-104 and C-110			
	FILE		Effec				live 1-1-65	1			
	U.S.G.S.			AUTHORIZA	TION TO TRAI	NSPORT	OIL AND N	ATURAL	GAS	<u>.</u>	
ł	LAND OFFICE	OIL		-							
	TRANSPORTER	GAS		-							
	OPERATOR										
1.											
	SOLAR OIL COMPANY										
	Address										
	Box 5596 Midland, Texas Reason(s) for filing (Check proper box) Other (Please explain)										
	New Well	X	roper oox	/ Change in Trans	porter of:		Omer (I teuse	explaint			
	Recompletion			Oil							
	Change in Ownership		Casinghead Gas	Condens	sate						
	f change of ownership give name										
	and address of prev	nd address of previous owner									
11.	DESCRIPTION O)F WEL	L AND	LEASE	DESIGNAT	ED	- Drink	Gral Kind of Lea			Lease No.
	Lease Name Sime	Feder	-1	Well No. Pool	Name, Including Fo Drinkard -	1.4	- K- 3818	State, Feder		deral	NM 029029-B
	Location	react	<u>ui</u>							<u></u>	JU29U29-B
	Unit Letter	В	: 660	Feet From The	North_Line	and	1980	_ Feet From	The East	t	
						F	-		1		
	Line of Section		To	wnship 22-S	Range 38	-E	, NMPM		Lea		County
Ш.	DESIGNATION O)F TRA	NSPOR	TER OF OIL AND	NATURAL GAS	s					
,	Name of Authorized	Transpo	rter of Oil	Condena		Address (oved copy of this		be sent)
	Admir Name of Authorized			il Corp.	Dry Gas	BO Address	X 1713 Give address i	Midlan owhich appr	nd, Texas oved copy of this	79701 form is to	be sent)
	Name of Authorized	None									
	If well produces oil			Unit Sec.	Twp. Rge.	ls gas ac	tually connecte	wd?	hen		
	give location of tan	ks.		<u>A/B 7</u>	225 ¦ 38E	<u>No</u>	<u> </u>	۱ ــــــــــــــــــــــــــــــــــــ			
			ngled wi	ith that from any othe	er lease or pool, j	give comm	ningling order	number:			
IV.	COMPLETION D			Oil Wel	l Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Restv.
	Designate Ty	pe of C	ompleti	<u> </u>				, , , , , , , , , , , , , , , , , , , ,			<u> </u>
	Date Spudded		Date Compl. Ready to Prod.		Total De			P.B.T.D.			
	- 2 Elevations (DF, RK	<u>2-68</u>	Retai	1-2-69 Name of Producing I	formation (74 Top O11/	33 Gas Pay	<u> </u>	Tubing Depti	1	
•	3354.4 Gr.		Drinkard		6	6550		6806'			
	Perforations						De		Depth Casino	•	
		-6905		71101	TUBING, CASING, AND			<u> </u>	7433'		
	HOLE SIZE			CASING & TUBING SIZE		DEPTH SET		SA	CKS CEM	ENT	
	12-1/			9-5/8''		84	8		330		
	8-3/	/4''		7"	<u> </u>	743	<i>•</i>		655_		
					2-3/8"						
v	TEST DATA AN	D REO	UEST F		(Test must be aj		87 ry of sotal volu	me of load oi	l and must be eq	ual to or e	xceed top allow-
••	OIL WELL										
	Date First New Oil		Tanks	Date of Test			-	, pamp, s au	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1-9-6 Length of Test	<u>by</u>		2-19-69 Tubing Pressure	<u> </u>	Casing F	ump ressuré		Choke Size		
	24 hi					Water - B		<u> </u>	Gas-MCF		
	Actual Prod. During 103.1			011-Bbls. 31.02			2.38		14		
										······	
	GAS WELL					Bbls. Condensate/MMCF					
	Actual Prod. Test-	MCF/D		Length of Test		Bbls. Co	ndensate/MMC	F	Gravity of C	ondensate	
	Testing Method (pi	itot, back	pr.)	Tubing Pressure (S	hut-in)	Casing F	ressure (Shut	-in)	Choke Size		
					-	<u> </u>					
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.										
					TIPLE						
	Mr. Jourth				T	his form is to	be filed in	compliance w	ith RULE	1104.	
	111 1 Amath					1	this form mus	t be accom	owable for a ne panied by a tab	oulation o	I the deviation
	(Signature) Production Clerk				tests	taken on the	well in acc	ordance with F	RULE III	i •	
	Prod	UCTIO	<u>1 Ller</u> (1	itle)		able o	on new and re	completed	nust be filled o wells.		
	Apri	19,					vin out only	Sections T	II. III. and VI	for char uch chanr	nges of owner, re of condition.
			(1	Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply					
					i completed wells.						

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WELL NAME AND NUMBER: Sims Federal #1

LOCATION: 660' PNL and 1980' FEL. Section 7. T-22-8, R-38-E. Les County, New Mexico

OPERATOR: Solar Oil Company

DRILLING CONTRACTOR: Johns Drilling Company

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above described well and that he has conducted deviation tests and obtained the following results;

DEGREES @ DEPTH	DEGREES @ DEPTH
1 - 469	3/4 - 3879
1/4-848	3/4 - 4171
3/4 - 1083	3/4 - 4623
1 - 1416	1/2 - 4807
3/4 - 1697	1 - 5291
3/4 - 1981	1 - 5756
1/2 - 2266	3/4 - 6160
1 - 2546	1 - 6658
1 - 2661	1/2 - 7020
1 - 3060	3/4 -7433
1/4 - 3336	

Drilling Contractor: Johnn Drilling Company

	By: A. Chacke				
	O. G. Cheek				
Subscribed and sworn to before me this	21th day of <u>Garre</u> , 1969.				
	Notary Public -Beverly Ann Mullins				
My Commission Expires:					
June 1969	Midland County, Texas				

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The webserg web hereby perifices that as is a concrete course concerns, at the defense contractor whether the above described coll and the herebondescel respected terre and **disained the** Filloving coulter

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	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE		NSERVATION COMMISSION OR ALLOWABLE AND ISPORT OIL AND NATURA	Form C-104 Supersedes Old C-10 Effective 1-1-65	4 and C-110			
8.	Operator SOLAR OIL	COMPANY		<u></u>				
	Address			<u> </u>				
	P. O. Box 5596, Midland, Texas 79701 eason(s) for filing (Check proper box) Other (Please explain)							
	Reason(s) for filing (Check proper box) New We!l Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	Request 1000	bbls. testing allowa	ble			
	and address of previous owner							
Ш.	DESCRIPTION OF WELL AND I Lease Name Sims Federal Location	LEASE Well No. Pool Name, Including For Wantz Abo (Ex			.ease No. 1029029-B			
	Unit Letter;660	Feet From The North Line	and <u>1980</u> Feet Fi	om The East				
	Line of Section 7 Tow	mship 22-S Range 38	-Е , ммрм,	Lea	County			
		TER OF OIL AND NATURAL GAS	3					
	Name of Authorized Transporter of Oil	x or Condensate	Address (Give address to which a)		sent)			
	Admiral Crude Oil Cor Name of Authorized Transporter of Cas		Box 1713, Midland, Address (Give address to which a	pproved copy of this form is to be	sent)			
	If well produces oil or liquids, give location of tanks. Unit Sec. Twp. F.ge. Is gas actually connected? When							
		h that from any other lease or pool, g	give commingling order number:					
1V.	COMPLETION DATA Designate Type of Completio	oil Well Gas Well	New Well Workover Deeper	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 allow- able for this depth or be for full 24 hours)							
OII. WELL able for this depth or ce for full 24 hours; Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				as lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbla.	Water-Bbis.	Gas - MCF				
		<u> </u>	l					
	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 COMPLIAN		OIL CONSE	APR 200				
	Commission have been complied 1	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.						
			This form is to be filed in compliance with RECE 1104.					
	Dif forme	ature)	If this is a request for allowable for a newly drilled or deepened					
	jaction Clerk		tests taken on the woll in All sections of this for	accordance with RUL: 111. m must be filled out completely				
	(T)	itle)	able on new and recomplete	d wells. I II III and VI for campion	a of court,			
	and the second	ate)	well name or number, or tran	sporter, or other such change of	I Condition			
			Separate Forms C-104 must be filed for each pool in multiply completed wells.					