1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	Address 507 Midl and Savin Reason(s) for filing (Check proper box) New We!l Recompletion Change in Ownership	an Management Compan gs Bldg., Midland, Te: Change in Transporter of: Oil X Dry Gas Casinghead Gas Conden	xas 7970 1 Other (Please explain) Effective Janua	ry 1, 1970		
	If change of ownership give name and address of previous owner					
11.		Well No. Pool Name, Including Fo 2 Wantz Abo (0 Feet From The North Line	e and <u>1980</u> Feet From Th B8-E, NMPM,	Lease No. pr Fee Fed. NM029029B e East Lea County		
ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Permian Corp. Name of Authorized Transporter of Cas No ne If well produces oil or liquids, give location of tanks.	X or Condensate	S Address (Give address to which approve Box 3119, Midland, Address (Give address to which approve Is gas actually connected?	Fexas 79701 d copy of this form is to be sent)		
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		······································		
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc., Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe		
		TUBING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks		fter recovery of total volume of load oil at pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbie.	Water - Bble.	Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate		
,	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
V1 .	Commission have been complied b	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED BYSUPERVISOR TITLE This form is to be filed in cr	able for a newly drilled or deepened		
	Ag ent	ature)	If this is a request for a most of a tabulation of the deviation 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			

Dec. 12, ^(Title)

(Date)

able	e on new and recompleted wells.												
	Fill	out	only	Section	• I.	п.	Ш,	and	VI	for	changes	10	owner,
well	nam	e or	numb	er, or tra	nsp	orte	r, or	other	B U	cn c	hange of	CO	10111010

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

DISTRIBUTION	REQUEST FOR	R ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-65		
FILE U.S.G.S.		PORT OIL AND NATURAL GAS	/ Pg		
LAND OFFICE	· · · · · · ·				
TRANSPORTER GAS		1			
OPERATOR					
PRORATION OFFICE	<u> </u>				
Operator IMLERIAL - AMERICAN M	ANAGEMENT COMPANY	· · · · · · · · · · · · · · · · · · ·			
Address		1			
507 Midland Savings E Reason(s) for filing (Check proper box,	ldg. Midland, Texas	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Ownership X	Casinghead Gas Condensat				
If change of ownership give name and address of previous owner	SOLAR OIL COMPANY Box	5596 Midland, Texas			
	TRACE				
DESCRIPTION OF WELL AND	well No. Poer frame, meter	out - Enderal at	Fee Federal NM029029-E		
Sims Federal	2 Wantz Abo (I	Ext.)			
Location 0 1	980 Feel From The North Line a	and <u>1980</u> Feet From The	East		
Unit Letter <u>G</u> ; <u>1</u>	JOU Feet From Ine NULTITE Chie o		Country		
Line of Section 7 To	wmshlp 22-S Range	<u>38-е, ммрм,</u>	Lea county		
PROVIDE ATTON OF TRANSBOR	TER OF OIL AND NATURAL GAS		team of this form is to he sent?		
Name of Authorized Transporter of Of	I x or Condensate	· · · ·			
Admiral Crude 0il	۱ ۱	Box 1713 Midland, Te Address (Give address to which approved	Kas i copy of this form is to be sent)		
Name of Authorized Transporter of Co					
None If well produces oil or liquids,	Unit Sect Link	Is gas actually connected? When			
Laive location of larks.	B/G 7 22-S 38-E				
If this production is commingled w	with that from any other lease or pool, gi	ive comminging order number.	Plug Back Same Res'v. Diff. Res'v.		
COMPLETION DATA		New Well Workover Deepen			
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	rubing Depin		
	e		Depth Casing Shoe		
Perforations					
	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				
	TOD ALL OWADIE (Test must be af	fter recovery of total volume of load oll c	ind must be equal to or exceed top allow		
V. TEST DATA AND REQUEST OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif			
Date First New Oil Run To Tanks	Date of Test				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Length of 1 ver		Water-Bbls.	Gas-MCF		
Actual Prod. During Test	Oll-Bble.				
GAS WELL		Bbla, Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test		Okaha Pira		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
TABITING MANAGE FREE FREE		OUL CONSERVA	TION COMMISSION		
VI. CERTIFICATE OF COMPLI	ANCE		. 19		
	t the oil Conservation	APPROVED	Amer		
I hereby certify that the rules of Commission have been compli	and regulations of the off off off off off off off off off of	BY_ALT	(my		
above is true and complete to		TITIE	. /		
	1 - 1 - 1		compliance with RULE 1104.		
NI V.	KIV and	If this is a request for allowable for a newly difficult devi			
1 tait	(Signature)	well, this form must be accomp tests taken on the well in acco	ordance with RULE 111. ust be filled out completely for allo vella.		
Area Manar	<u> </u>	All sections of this form m able on new and recompleted v	velle.		
	(Title)	Fill out only Sections I,	II. III, and VI for changes of owned		

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All sections of this form wells. sble 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. Securets Forms C-104 must be filed for each pool in multiply

October 24, 1969 (Date) ļ

DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110		
SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE			
FILE		AND	Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS	23		
TRANSPORTER OIL GAS					
OPERATOR					
PRORATION OFFICE					
IMIERIAL - AMERICAN N	1ANAGEMENT COMPANY				
507 Midland Savings I	31dg, Midland, Texas				
Reason(s) for filing (Check proper box) Change in Transporter of:	Other (Please explain)			
New We!l	Oil Dry Gas				
Change in Ownership X	Casinghead Gas 🔲 Condens	sate			
If change of ownership give name and address of previous owner	SOLAR OIL COMPANY Box	5596 Midland, Texas			
DESCRIPTION OF WELL AND	LEASE	rmation Kind of Lease	Lease No.		
Lease Name	Well No. Poor Name, Including 10	State, Federal or			
Sims Federal	2 Blinebry				
Unit Letter <u>G</u> ; <u>19</u>	80 Feet From The North Line	and <u>1980</u> Feet From The	East		
Line of Section 7 To	ownship 22-S Range	38-е, ммрм,	County		
	TER OF OUL AND NATURAL GA	8			
Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA				
Admiral Crude Oil		Box 1713 Midland, Te Address (Give address to which approved	xas copy of this form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which approved			
None	Unit Sec. Twp. Ege.	Is gas actually connected? When	· · · · · · · · · · · · · · · · · · ·		
If well produces oil or liquids, give location of tanks.	B/G 7 22-S 38-E				
COMPLETION DATA	ice (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Complet	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			
Perforations			Depth Casing Shoe		
	TUDING CASING AN	D CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE					
		/			
			·····		
V TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil ar lepth or be for full 24 hours)	id must be equal to or exceed top allo		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)		
Date First New Oil Run 16 Tulks			Choke Size		
Length of Test	Tubing Pressure	Casing Pressue			
Actual Prod. During Test	Oll-Bble.	Water-Bbls.	Gas-MCF		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	HDIS. CONDENSCRIPTION	· #		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		- OIL CONSERVA	TION COMMISSION		
VI. CERTIFICATE OF COMPLI	ANCE	() NOV 3	1969		
and the second state of a state of the second	nd regulations of the Oil Conservatio	APPROVED	The second second		
I hereby certily that the fulles a Commission have been complie to the and complete to	nd regulations of the off constion give ad with and that the information give the best of my knowledge and belief		May		
above is true and complete to	· ,	TITLE	A DE ZI		
		in the filed in a	compliance with RULE 1104.		
XV.	Korpment	If this is a request for allow	able for a tabulation of the deviat		
- (XA 22) - (Signature)	well, this form must be accompa	dance with RULE 111.		
Area Manag	er	 All sections of this form mu 	st be filled but completely the		
	(Title)	BDIE OIL HOW BING COOMPEND	III, and VI for changes of own		

October 24, 1969 (Date)

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able 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

ſ	NO. OF COPIES RECEIVED								
1	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104					
[SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110					
	FILE	AND Elfective 1-1-85							
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE			93					
	TRANSPORTER OIL								
ŀ	GAS								
	PRORATION OFFICE								
1.	Operator	······································							
	SOLAR OIL COMPANY								
	Address								
		dland, Texas							
Ì	Reason(s) for filing (Check proper box)		Other (Please explain)						
	New We!l	Change in Transporter of:		ing Allowable of 1000 bbls.					
	Recompletion	Oil Dry Gas Casinghead Gas Condens							
	Change in Ownership	Casinghead Gas Condens							
	f change of ownership give name								
	and address of previous owner		·····						
н.	DESCRIPTION OF WELL AND L	EASE							
	Lease Name	Well No. Pool Name, Including Fo	rmation Kind of	Lease Lease No.					
	Sims Federal	2 Blinebry	State, F	ederal or Fee Federal NM029029-B					
	Location		•						
	Unit LetterG;1980) Feet From The North Line	and <u>1980</u> Feet F	From The East					
				County					
	Line of Section / Town	nship 22-5 Range	<u>38-е</u> , ммрм,	Lea County					
***	DESIGNATION OF TRANSPORT	ER OF OUL AND NATURAL GAS	3						
	Name of Authorized Transporter of Oil	y or Condensate	Address (Give address to which	approved copy of this form is to be sent)					
	Admiral Crude Oil		P. 0. Box 1713	Midland, Texas					
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)					
	None								
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When					
	give location of tanks.	B/G 7 22-5 38-E	No						
	If this production is commingled with	h that from any other lease or pool, p	give commingling order number						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	an Plug Back Same Resfv. Diff. Resfv.					
	Designate Type of Completio	n = (X)							
	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					
				Depth Casing Shoe					
	Perforations								
		TUBING CASING AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u> </u>						
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	iter recovery of total volume of loc pth or be for full 24 houre)	ad oil and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)					
	Date First New OIL Run 10 Tunks								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gan - MCF					
]							
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
vī	CERTIFICATE OF COMPLIAN	CE	OIL CONSE	ERVATION COMMISSION					
••				63.					
	I hereby certify that the rules and :	regulations of the Oil Conservation	The second						
	Commission have been complied a	with and that the information given best of my knowledge and belief.							
	above is true and complete to in-		for the former for the second						
		4	TIT/2E	<u>//</u>					
	-201	11	This form is to be file	ed in compliance with RULE 1104.					
	m) And			r allowable for a newly drilled or deepened companied by a tabulation of the deviation					
	/ (Sign	ature)	tests taken on the well in	ACCORDANCE WITH RULE 111.					
	Production Clerk	*/- 1	All sections of this fo	orm must be filled out completely for allow-					
		tle)	able on new and recomple Fill out only Section	a T II. III. and VI for changes of owner,					
	August 21, 1969	ate)	well name or number, or transporter, or other such change of condition						
			Separate Forms C-10	4 must be filed for each popl in multiply					
			completed wells.	н 					