NO. OF COPIES RECEIVED					
DISTRIBUTIO					
SANTA FE					
FILE :					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
BRORATION OF					

And productions of the second	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		ONSERVATION COMMISTOR ALLOWABLE AND NSPORT OIL AND N	1 1 1 W 1 W 2	Form C-104 Supersedes Old C Effective 1-1-65	E-104 and C-110
1.	TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE			*		······
	SOLAR OIL COMP	ANY		v=a	· · · · · · · · · · · · · · · · · · ·	
		Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	7 1	explain)		
	If change of ownership give name and address of previous owner					<u></u>
II.	DESCRIPTION OF WELL AND I	EASE		16/11	·····	
	Lease Name Sims Federal	Well No. Pool Name, Including Fo		Kind of Lease State, Federal o	Fee Federal	NM-029029
	Location	OPSTA HOUS				1111 - 012 - 1
	Unit Letter A ; 66	O Feet From The North Line	e and 660	Feet From The	East East	
	Line of Section 7 Tow	nship 22-S Range 3	8-Е , ммрм,	L	.ea	County
***	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s			
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to			be sent)
	Admiral Crude Oil Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	P. O. Box 17 Address (Give address t	13, Midlar o which approved	nd, Texas I copy of this form is to	be sent)
	Not Connected					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B/G 7 22-S 38-E	Is gas actually connecte	d? When		
117	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order	number:		
1 .	Designate Type of Completio	n - (X) Oil Well Gas Well X	New Well Workover	Deepen	Plug Back Same Res	. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	12-28-68 Elevations (DF, RKB, RT, GR, etc.)	2-9-69 Name of Producing Formation	7555 Top Oil/Gas Pay		752 1 Tubing Depth	
	3358' GR	Abo	7132		72581 Depth Casing Shoe	
	Perforations 7470'-7150'				7555 ¹	
		TUBING, CASING, AND	CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	860'	T	SACKS CEME	ENT
	13-3/4" 8-3/4"	9-5/8"	75551		650	
	0-2/4	2-3/8"	7258			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu pth or be for full 24 hours	me of load oil an	d must be equal to or ex	ceed top allow-
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		etc.)	
	2-3-69	6-27-69	Pump Casing Pressure		Choke Size	
	Length of Test 24 hours	Tubing Pressure	Costing Freesame			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF	
	22	12	10	1	16	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size	
VI	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVAT	TION COMMISSION L 28 1969	1
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.			APPROVED BY	w. 1	unya	19
			TITLE	Cologist		
			11	be filed in co	ompliance with RULE	1104.

(Signature)

(Title)

Production Clerk

July 24, 1969

If this is a request for allowable for a newly drilled or despened 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 transporter, or other such change of condition.

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