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	NO. OF COPIES RECEIVED					
-	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11		
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NAJURAL GAS 11,69				
Γ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NAĴURAL₃Ç	AS _{OLI} , co		
	LAND OFFICE		. 24	111 69		
	IRANSPORTER GAS					
Γ	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
-	SOLAR OIL COM					
		96, Midland, Texas	101			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of: Oil X Dry Ga				
-	Recompletion	— — — — — — ·	<u> </u>			
	Change in Ownership	Casinghead Gas Conder	nsate			
	f change of ownership give name					
	· ·	FACE				
H. ;	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.		
	L. B. Jones	2 Drinkard	d State, Federa	nl or Fee Fee		
ŀ	Location					
	Unit Letter K : 2310) Feet From The West Lir	ne and 1650 Feet From	The South		
	Unit Letter R ; Z310	<u> </u>				
	Line of Section 6 Town	nship 22S Range	38E , NMPM,	Lea County		
L						
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS	de la constanta de la constant		
1	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form to to be comp			
1	Admiral Crude		P. O. Box 1713 Midland, Texas Address (Give address to which approved copy of this form is to be sent)			
Ì	Name of Authorized Transporter of Cast	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
			Top.			
İ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	E 6 228 38E				
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Restv. Diff. Rest		
1	Designate Type of Completio		Man watt workster Docker			
			Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.		6895 '		
	1-16-69	3-11-69 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		6488	67341		
		Drinkard	1 0400	Depth Casing Shoe		
	Perforations 6874' - 6591' Drinkard			6734		
	TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	9-5/8"	865'	500 sx		
	13-3/4 ¹¹ 8-3/4 ¹¹	7''	6950'	575 sx		
	0-3/4	2-3/8"	6734'			
		2-3/0				
		OD ATTOMARTE (Manageria	after recovery of total volume of load of	l and must be equal to or exceed top allo		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this c	depth or be for full 24 hours)			
v.	OIL WELL	OR ALLOWABLE (Test must be able for this c	Producing Method (Flow, pump, gas	lift, etc.)		
v.	TEST DATA AND REQUEST FOOIL WELL Date First New Oil Run To Tanks 2-24-69	able for this c	depth or be for full 24 hours)			

Gas - MCF Water - Bble. Oil - Bbls. Actual Prod. During Test 18 90

GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

98

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.

22 Smith	_
(Signature)	
Production Clerk	
(Title)	

June 13, 1969

(Date)

OIL CONSERVATION COMMISSION

BY

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 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.