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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name L. B. Jones	
2. Name of Operator SOLAR OIL COMPANY		9. Well No. 3	
3. Address of Operator P. O. Box 5596, Midland, Texas		10. Field and Pool, or Wildcat UNDESIGNATED	
4. Location of Well UNIT LETTER <u>E</u> LOCATED <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE OF SEC. <u>6</u> TWP. <u>22-S</u> RGE. <u>38-E</u> NMPM		12. County Lea	
15. Date Spudded 2-4-69	16. Date T.D. Reached 2-23-69	17. Date Compl. (Ready to Prod.) 4-12-69	18. Elevations (DF, RKB, RT, GR, etc.) 3351'
19. Elev. Casinghead 3351'	20. Total Depth 7350'		
21. Plug Back T.D. 7315'		22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools 0-TD
24. Producing Interval(s), of this completion - Top, Bottom, Name 5933'-6107' Blinebry			25. Was Directional Survey Made No
26. Type Electric and Other Logs Run BHC - Sonic			27. Was Well Cored No
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
10-3/4"	42#	850'	15"
7"	23# & 26#	7350'	8-3/4"
CEMENTING RECORD		AMOUNT PULLED	
550 SX			
650 SX			
29. LINER RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT
30. TUBING RECORD		PACKER SET	
SIZE	DEPTH SET		
2-3/8"	5948'		
31. Perforation Record (Interval, size and number) 5933'-6107' 19 1/2" holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED	
5903'-6107'		A/1500 gals 15% NE; F/35,000 gals brine water & 72,000# sd.	
33. PRODUCTION			
Date First Production 5-19-69	Production Method (Flowing, gas lift, pumping - Size and type pump) Pmpd 2" x 1-1/2" x 16' insert		Well Status (Prod. or Shut-in) Prod.
Date of Test 5-19-69	Hours Tested 24 hours	Choke Size 15	Prod'n. For Test Period 18
Flow Tubing Press.	Casing Pressure	Oil - Bbl. 15	Gas - MCF 18
	Calculated 24-Hour Rate	Water - Bbl. 110	Gas - Oil Ratio 1266
		Oil Gravity - API (Corr.) 39.7	
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented			Test Witnessed By R. Yancey
35. List of Attachments Log - Deviation Report			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED <u>[Signature]</u>		TITLE <u>Production Clerk</u>	DATE <u>June 20, 1969</u>

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____ 1346	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____ 1420	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____ 2578	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____ 2745	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____ 2992	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____ 3559	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____ 3720	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____ 4112	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____ 5343	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinbry _____ 5720	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____ 6315	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____ 6470	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____ 6897	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	1356		Redbeds				
1356	1430		Anhy				
1430	2580		salt				
2580	2750		Anhy & sh.				
2750	3560		Sd, Anhy, Sh				
3560	3620		Dolo, Anhy				
3620	4114		Sd, Anhy				
4114	5453		Dolo, Anhy				
5453	5672		Dolo.				
5672	5720		Dolo, sdy				
5720	5727'		Dolo.				
5727	6315		Dolo & sh				
6315	6897		Dolo.				

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

34 PM '69

I. Operator **SOLAR OIL COMPANY**
Address **P. O. Box 5596, Midland, Texas**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
PURSUANT TO THE PROVISIONS OF THIS AUTHORITY TO PRODUCE AND SELL OR OTHERWISE dispose of the oil and natural gas produced in this well, the necessary exception to the ad valorem rule has been obtained by the undersigned.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **UNDESIGNATED**
Lease Name **L. B. Jones** Well No. **3** Pool Name, including formation **Blinebry** Kind of Lease **State, Federal or Fee** Fee **Fee** Lease No.
Location **Blinebry R-3895**
Unit Letter **E**; **660'** Feet From The **West** Line and **1980** Feet From The **North**
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 ☒ or Condensate ☐
Admiral Crude Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1713 Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 **E** Sec. **6** Twp. **22S** Rge. **38E** Is gas actually connected? **No** 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) ☒ Oil Well ☐ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **2-4-69** Date Compl. Ready to Prod. **4-12-69** Total Depth **7350'** P.B.T.D. **7315'**
Elevations (DF, RKB, RT, GR, etc.) **3351'** Name of Producing Formation **Blinebry** Top Oil/Gas Pay **5720'** Tubing Depth **5948'**
Perforations **5933'-6107'** Depth Casing Shoe **5948'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **15"** CASING & TUBING SIZE **10-3/4"** DEPTH SET **850'** SACKS CEMENT **550 SX**
8-3/4" **7"** **7350'** **650 SX**
2-3/8" **5948'**

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 allowable for this depth or be for full 24 hours)
OIL WELL
Date First New Oil Run To Tanks **5-19-69** Date of Test **5-19-69** Producing Method (Flow, pump, gas lift, etc.) **2" x 1-1/2" x 16" insert pump**
Length of Test **24 hrs.** Tubing Pressure **110** Casing Pressure **18** Choke Size **18**
Actual Prod. During Test **120 bbls** Oil-Bbls. **15** Water-Bbls. **110** Gas-MCF **18**

GAS WELL
Actual Prod. Test-MCF/D **120** Length of Test **24** Bbls. Condensate/MMCF **110** Gravity of Condensate **18**
Testing Method (pitot, back pr.) **110** Tubing Pressure (Shut-in) **18** Casing Pressure (Shut-in) **18** Choke Size **18**

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.

Production Clerk

June 21, 1969

OIL CONSERVATION COMMISSION
APPROVED **[Signature]**, 19 **1969**
BY **[Signature]**
TITLE **[Signature]**

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.