NO. OF COPILS RECLIVED								
DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110					
FILE		OR ALLOWABLE	Effective 1-1-65					
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NOTUBAL GAS							
IRANSPORTER OIL								
GAS								
OPERATOR	-							
PRORATION OFFICE	- <u></u>		:					
IMPERIAL - AMERICAN N	MANAGEMENT COMPANY							
Address	,	2.						
507 Midland Savings	Bldg. Midland, Texas	Other (Please explain)						
Reason(s) for filing (Check proper bos	x) Change in Transporter of:	Oner (1 redse explain)	9					
New Well	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 BO	ox 5596 Midland, Te	XAS					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lea	se Lease No.					
Lease Name	2 Teague B		ral or Fee Fee					
E. C. Hill "A"	l							
Unit Letter J ; 1980)Feet From The <u>East</u> Line	and1980Feet From	The South					
			County					
Line of Section 27 T	ownship 23-S Range 37	-E , NMPM, Lea						
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	S						
Neile of Authorized Transporter of O	11 X or Condensate	Address Jorre	roved copy of this form is to be sent)					
Shell Pineline Compa	nv	Box 1910 Midland,	Texas roved copy of this form is to be sent)					
Name of Authorized Transporter of C	Casinghead Gas 👷 🛛 or Div Gas 🔄		_					
El Paso Natural Gas	Unit Sec. Twp. Ege.		Vhen					
If well produces oil or liquida,	K 27 23-S 37-E	Yes						
give location of lanks.	with that from any other lease or pool,							
If this production is commingled v . COMPLETION DATA			Plug Back Same Restv. Diff. Restv.					
	tion - (X)	New Well Workover Deepen						
Designate Type of Complete	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Date Spudded	Date Compl. Reduy to From							
Elevations (DF, RKB, RT, GR, etc.	; Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth					
			Depth Casing Shoe					
Perforations								
	TUDING CASING AN	D CEMENTING RECORD						
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
HOLE SIZE								
		¥						
		i de la cherce et lord	oil and must be equal to or exceed top allo					
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	lenth or be for juil 24 hours/						
OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)					
			Choke Size					
Longth of Test	Tubing Pressure	Casing Pressure						
		Water-Bbis.	Gas-MCF					
Actual Pred. During Test	Oil-Bbls.							
	1		Complex of Condenagta					
GAS WELL Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Actor (1991 - 201 1997 -		Casing Pressure (Shut-in)	Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Castud Massara (pure and						
		OIL CONSER	RVATION COMMISSION					
VI. CERTIFICATE OF COMPLI	IANCE	∩ NOV	3 1969					
	testane of the Oil Conservatio	APPROVED	7 . 19					
I hereby certify that the rules of	and regulations of the Oil Conservation ed with and that the information given the beat of my knowledge and belief		Kaney					
above is true and complete to	o the best of my knowledge and belief	I BYSL						
		TITLE/						
	12 2	This form is to be filed	in compliance with RULE 1104.					
1. And the	At Thomas -	If this is a request for a	allowable for a newly diffied of deviat					
- Contract -	(Signature)	well, this form must be account tests taken on the well in a	Accordance with RULE 111.					
Area Manage		- All sections of this for	m must be filled out completely the					
	(Title)							
October 24,	<u>1969</u> (Date)	well name or number, or tran	I, II, III, and VI for change of conditi must be filed for each pool in multi					
	1	Separate Forma C-104	HIMPL DO HIMPE SET 1					

-	well	Fill out only Sec			ctions I, II, III, and or transporter, or other		VI for changes of owner, such change of condition. for each pool in multiply				ion.	
		Separate	Form	C-104	must	be	filed	[or	each	pool	in muit	1113