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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLES OFFICE O. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUN 25 7 27 PM '68

I. Operator
Solar Oil Company
Address
P. O. Box 5114, 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|-----------|
| Lease Name G. G. Travis | Well No. 2 | Pool Name, including Formation Undesignated Tubb | Kind of Lease State, Federal or Fee | Lease No. |
| Location Imperial Tubb-Drinkard R-3731 | | | | |
| Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East | | | | |
| Line of Section 21 Township 23-S Range 37-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|--------------|--------------|----------------------------------|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 2099 Houston, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) Box 1492 El Paso, Texas | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 21 | Twp. 23-S | Rge. 37-E | Is gas actually connected? No | When 68 JUL 3 AM 8 10 |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 11-9-67 | Date Compl. Ready to Prod. 12-2-67 | | Total Depth 6303' | | P.B.T.D. 6296' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3307 DF | Name of Producing Formation Tubb-Drinkard | | Top Oil/Gas Pay 6119' | | Tubing Depth 6278' | | | |
| Perforations 6129-6221 | | | | | Depth Casing Shoe 6303' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 9-5/8" 32# | | 1023' | | 300 sx. | | | |
| 8-3/4" | 7" 23# & 26# | | 6303' | | 500 sx. | | | |
| | 2-3/8" EUE | | 5603' | | | | | |
| | 2-3/8" EUE | | 6303' | | | | | |

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)

| | | | |
|---|-------------------------|---|----------------------|
| Date First New Oil Run To Tanks 12-4-68 67 | Date of Test 6-10-68 | Producing Method (Flow, Pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure 75# | Casing Pressure Pkr. | Choke Size 24/64" |
| Actual Prod. During Test 18 | Oil-Bbls. 8 | Water-Bbls. 10 | Gas-MCF 7.6 |

GAS WELL

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

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.

Don Oddy
(Signature)

Vice President

(Title)

18 June 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *John W. Ryan*

TITLE _____

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.