-	NO. OF COPIES RECEIVED					
-	DISTRIBUTION					
Ì	SANTA FE					
-	FILE					
1	U.\$.G.\$.					
-	LAND OFFICE					
1	TRANSPORTER	OIL				
İ		GAS				
1	OPERATOR			Ĺ		
	PRORATION OFFICE					
	Operator					
	IMPERIAL - AMERICAN I					
Į	Address					
	507 Midland Savings					
	Reason(s) for filing	(Check F	ropei	· bo		
	New Well	\square				
	Recompletion					

-	DISTRIBUTION SANTA FE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85		
	U.S.G.S. LAND OFFICE OIL	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1.	OPERATOR PRORATION OFFICE					
	Operator IMPERIAL - AMERICAN MA	NAGEMENT COMPANY				
F	Address			;		
	507 Midland Savings Bl Reason(s) for filing (Check proper box)	dg. Midland, Texas	Other (Please explain)			
	New Well	Change in Transporter of:	<u></u>			
	Recompletion Change in Ownership X	Oil Dry Gas Casinghead Gas Condens	ate			
ا. 1 د. تا	f change of ownership give name					
Ų .	and address of previous owner	SOLAR OIL COMPANY Bo	ox 5596 Midland, Texas			
	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.		
	Fanning "B"		Orinkard . State, Federal or	Fee Fee		
	Location	Allow. Effec.	1/3/69	Fast		
	Unit Letter A : 33	O Feet From The North Line	and 330 Feet From The	Last		
	Line of Section 33 Town	nship 23-S Range 37-	-Е , _{NMPM} , Lea	County		
**	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	3			
11.	Name of Authorized Transporter of Oil	x or Condensate	Address Give undress to writer approved			
	Shell Pipeline Company Name of Authorized Transporter of Casinghead Gas of Dry Gas Address (Give address to which approved			copy of this form is to be sent)		
į	El Paso Natural Gas Company Box 1492 El Paso, Tex		(as			
	If well produces oil or liquids,	Unit Sec. Twp. Pge. A 33 23-S 37-E	Is gas actually connected? When Yes			
	give location of tanks.	h that from any other lease or pool, g				
IV.	COMPLETION DATA	Oil Well Gas Well		lug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations					
	TUBING, CASING, AND CEMENTING RECORD SACKS CONTROL OF THE SACKS CONTROL			SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
			\\			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an opth or be for full 24 hours)	d must be equal to or exceed top allow-		
• •	OII, WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)		
	Date I list New Oil I'd. 19 1		Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test		1		
	Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			OIL CONSERVAT	TION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	ICE		19		
	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	Tan Ol		
			BY			
			TITLE	ASKES L		
	of and K		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended by a tabulation of the deviation			
	(Signature)		well, this form must be accompan	ied by a tabulation of the deviation ance with RULE 111.		

· · · · · · · · · · · · · · · · · · ·	1 /		
	Witten		
7	(Signature)		
Area Ma	nager	ì	-

(Title)

October 24, 1969 (Date)

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