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SANTA FE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRODUCTION 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

**ILLEGIBLE**

I. OPERATOR

**SOLAR OIL COMPANY**

Address  
**P. O. BOX 5596, MIDLAND, TEXAS 79701**

Reason(s) for filing (check proper box)

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Other (Please explain) <b>Application for dual completion</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner: *Don't know*

II. DESCRIPTION OF WELL AND LEASE

**UNDESIGNATED**

Lease Name <b>Fanning "A"</b>	Well No. <b>1</b>	Pool Name, including formation <b>Imperial Tubb Ext.</b>	Kind of Lease State, Federal, or Fee <b>Fee</b>	Lease No.
Location <b>Imperial Tubb Drinkard R-3731</b>				
Unit Letter <b>B</b>	<b>330</b>	Feet From The <b>North</b>	Line and <b>1650</b>	Feet From The <b>East</b>
Line of Section <b>33</b>	Township <b>23-South</b>	Range <b>37-East</b>	, NMPM, <b>Lea</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Shell Pipe Line</b>	<b>P. O. Box 2099, Houston, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas</b>	<b>P. O. Box 1492, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>A</b>	<b>33 23-S 37-E Yes</b>

IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. Diff. Resrv. <input type="checkbox"/>
Date Spudded <b>12-7-67</b>	Date Compl. Ready to Prod.	Total Depth <b>6350'</b>	P.B.T.D. <b>6324'</b>				
Elevations (DF, RKB, RT, CR, etc.) <b>3291 GL</b>	Name of Producing Formation <b>Tubb-Drinkard</b>	Top Oil/Gas Pay	Tubing Depth <b>5920'</b>				
Perforations <b>6136' - 6282'</b>	<b>6117' - 6004'</b>	Depth Casing Shoe <b>6350'</b>					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			
<b>12-1/4</b>	<b>9-5/8"</b>	<b>1053'</b>		<b>325</b>			
<b>8-3/4</b>	<b>7"</b>	<b>6350'</b>		<b>550</b>			
	<b>2-3/8"</b>	<b>5920'</b>					
	<b>2-3/8"</b>	<b>6125'</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 <b>1-15-68</b>	Date of Test <b>12-13-68</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>--</b>	Casing Pressure <b>--</b>	Choke Size <b>--</b>
Actual Prod. During Test <b>66</b>	Oil-Bbls. <b>43</b>	Water-Bbls. <b>23</b>	Gas-MCF <b>58</b>

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.

*M J Smith*  
 (Signature)  
**Production Clerk**  
 (Title)  
**January 31, 1969**  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY *[Signature]*  
 SUPERVISOR

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.