

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTATION	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator: Solar Oil Company

Address: P. O. Box 5114, Midland, Texas

Reason(s) for filling (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:

ILLEGIBLE

II. DESIGNATION OF POOL AND LEASE

Lease Name <u>Fanning "A"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Teague Blinebry Ext.</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>3</u> Township <u>23-South</u> Range <u>37-East</u> , N.M.P.M., <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Shell Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2092 Houston, Texas</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>33</u>	Twp. <u>23-S</u>	Range <u>37-E</u>	Is gas actually connected? <u>No</u>	When <u>By May 1, 1968</u>

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 66 for full 66 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
OIL WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Producing Method (flow, test pr.)	Tubing Pressure (Gauge - in.)	Casing Pressure (Gauge - 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.

DM Oddy
(Signature)

Vice President

7 May 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John A. Jones
SUPERVISOR OF PRODUCTION

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.