

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	
Operator	

Address Solar Oil Company  
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)  
Change in Operator

If change of ownership give name and address of previous owner Previous Operator - Bronco Oil Corporation  
DESCRIPTION OF WELL AND LEASE  
Lease Name Fanning "A" Well No. 1 Pool Name, including Formation Teague Blinbry Ext. Kind of Lease State, Federal or Fee Fee Lease No.  
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East  
Line of Section 33 Township 23-South Range 37 East, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 3119, Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
El Paso Natural Gas  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1492, El Paso, Texas  
If well produces oil or liquids, give location of tanks. Unit A Sec. 33 Twp. 23-S Rge. 37-E  
Is gas actually connected? No When By May 1, 1968

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Rs.  
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                       
Perforations                      Depth Casing Shoe                     

TUBING, CASING, AND CEMENTING RECORD  
HOLE 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 100% of the volume of the well for full 24 hours)  
OIL WELL  
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                     

GAS WELL  
Actual Prod. Test-MCF/D                      Length of Test                      Bbls. Condensate/MMCF                      Gravity of Condensate                       
Testing Method (pitot, 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.

DK Owsby (Signature)  
Vice President (Title)  
1 May 1968 (Date)

APPROVED                       
BY                       
TITLE SUPERVISOR  
OIL CONSERVATION COMMISSION  
This form is to be filed in compliance with RULE 11.  
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11.  
All sections of this form must be filled out complete on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for each well name or number, or transporter, or other such character.  
Separate Forms C-104 must be filed for each completed wells.