ſ	NO. OF COPIES RECEIVED	<u> </u>			-			
ł	DISTRIBUTION	 						
- 1	SANTA FE				NEW			
	FILE					RE	QUE	
		 						
	U.S.G.S.	 		AUTHO	RIZA	TION	TO	
	LAND OFFICE							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE							
	Operator							
	SOLAR OIL COMPANY Address P. O. Box 5596, Midland, Texas 79701							
	Reason(s) for filing (Check)	proper box)						
	New Well			Change in	Transp	orter o	of:	
	Recompletion			Oil		X	D	
	Change in Ownership						С	
	If change of ownership giv							
**	and address of previous or DESCRIPTION OF WEI		E A	er-				
11.	Lease Name	L AND I	7E.74	Well No.	Pool N	ame, I	nclud	
	Section			2	U	ndes	ign	
	Unit Letter B	;990)	_Feet Fro	m The_	Nor	th	
	Line of Section 21	Tow	nship	23-5	3	1	Range	
III.	DESIGNATION OF TRA	orter of Oil		or C	ondenso	te)	
	Name of Authorized Transpo	orter of Cas	inghe	ad Gas [or	Dry G	αs <u></u>	
	El Paso Natura	1 Gas						
	If well produces oil or liquid give location of tanks.	is,	Uni		21	`wp. 23	Rge	
IV.	If this production is comm COMPLETION DATA	ingled wit	h the		other		e or g	
	Designate Type of C							
	Date Spudded		Date	e Compl. F	Ready to	Prod.	•	
	Elevations (DF, RKB, RT,	GR, etc.j	Nan	e of Prod	ucing F	ormatic	on	
	Perforations		1					
	TUBING, CA							
	HOLE SIZE			CASING & TUBING SIZE				
						 -		
V.	TEST DATA AND REG	UEST F	OR A	LLOWA	BLE		t mus	
	Date First New Oil Run To	Tanks	Dat	e of Test				

April 1, 1969

(Date)

-	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110					
	FILE		AND	Effective 1-1-65					
	บ.s.g.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURALI) GA	AS					
-	LAND OFFICE								
	TRANSPORTER OIL		,						
1	GAS								
_ }	OPERATOR DEFICE								
1.	PRORATION OFFICE Operator								
	SOLAR OIL COMPANY								
}	Address								
	P. O. Box 5596, Midle								
Ī	Reason(s) for filing (Check proper box)		Other (Please explain)						
	New Well	Change in Transporter of:							
	Recompletion	Oil X Dry Gas	一一						
l	Change in Ownership	Casinghead Gas Condens	sure						
	If change of ownership give name			•					
	and address of previous owner								
II.	DESCRIPTION OF WELL AND I	LEASE							
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.					
	Seeton	2 Undesignated	1 Tubb State, Federal	or Fee Fee					
	Location								
	Unit Letter B; 990	Feet From The North Line	e and 1650 Feet From T	he <u>East</u>					
				_					
	Line of Section 21 Tow	vnship 23-S Range	37-E NMPM, Lea	County					
		TO OF OUR AND NAMEDRAL CA	c						
ш.	Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)					
	Shell Pipeline		P. O. Box 1910. Midlar	nd Taxas 79701					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approve	wed copy of this form is to be sent)					
	El Paso Natural Gas	-	P. O. Box 1492, El Pa	aso. Texas					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When						
	give location of tanks.	G 21 23 37	Yes						
:	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:						
	COMPLETION DATA								
	Designate Type of Completion	OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
				DR TD					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	(0.5. 0.4.0. 0.5.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ony Gas Fay	·					
	Perforations	<u> </u>		Depth Casing Shoe					
	. 5.15.1								
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			<u> </u>	<u> </u>					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t. etc.)					
	Date First New Oil Hun to Tunks	Date of 1991							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Langua di 1941								
	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					
			400-400	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION					
			APR APR						
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPROVED						
	above is true and complete to the	e best of my knowledge and belief.	BY JOHN JAMES						
	-		UPERVISOR XISTRICT						
				TITLE					
	MJ South		This form is to be filed in c	compliance with RULE 1104.					
	111 X tomer		!! this form must be accompan	able for a newly drilled or deepened nied by a tabulation of the deviation					
	/	ature)	tests taken on the well in accordance with RULE 111.						
	Production Clerk	itle)	All sections of this form must be filled out completely for allow-						
	144		able on new and recompleted wells.						

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.