

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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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
**SOLAR OIL COMPANY**  
Address  
**P. O. BOX 5114, MIDLAND, TEXAS 79701**

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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **SEETON** Well No. **2** Pool Name, including Formation **Undesignated Tubb** Kind of Lease **Fee** Lease No. **13/19**

Location **Imperial Tubb Drinkard K-3731**  
 Unit Letter **B**; **990** Feet From The **North** Line and **1650** Feet From The **East**  
 Line of Section **21** Township **23-S** Range **37-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**PERMIAN CORPORATION** Address (Give address to which approved copy of this form is to be sent)  
**P. O. BOX 3119 MIDLAND, TEXAS 79701**

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 **G** Sec. **21** Twp. **23** Rge. **37** Is gas actually connected? **NO** When

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.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <b>August 30, 1968</b>	Date Compl. Ready to Prod. <b>October 21, 1968</b>	Total Depth <b>6400'</b>	P.B.T.D. <b>6374'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3298 GR</b>	Name of Producing Formation <b>Tubb Drinkard</b>	Top Oil/Gas Pay <b>5965'</b>	Tubing Depth <b>6005'</b>					
Perforations <b>6334-5999</b>	Depth Casing Shoe <b>6400'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT				
<b>13-3/4</b>	<b>10-3/4</b>		<b>800'</b>	<b>575</b>				
<b>9-7/8</b>	<b>7-5/8</b>		<b>6400'</b>	<b>625</b>				
	<b>2-3/4</b>		<b>5928'</b>					
	<b>2-3/4</b>		<b>6005'</b>					

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 be for full 24 hours)

Date First New Oil Run To Tanks **September 30, 1968** Date of Test **October 30, 1968** Producing Method (Flow, pump, gas lift, etc.) **Flow**

Length of Test **24 hrs.** Tubing Pressure **150#** Casing Pressure **---** Choke Size **32/64**

Actual Prod. During Test **144** Oil - Bbls. **84** Water - Bbls. **60** Gas - MCF **156**

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.

*M J Smith*  
(Signature)

Production Clerk  
(Title)

November 27, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY *J. J. [Signature]*  
 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.