NO. OF COPIES REC	EIVED		_
DISTRIBUTION		T	
SANTA FE			
FILE			_
U.\$.G.\$.			
LAND OFFICE		T -	- :
IRANSPORTER	OIL		
	GAS		_
OPERATOR			_
PRORATION OF	ICE		
Operator		 	_

H.

III.

IV.

V.

DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C. 104	
SANTAFE		REQUEST FOR ALLOWABLE Form C-104 Supersedes Old C-104 and C-		
FILE		AND Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORTAQIL AND NATURA	N⊈:CAS	
LAND OFFICE	-	שו בי ל שייי		
TRANSPORTER GAS		HUG 5 9 02 MM	366	
OPERATOR	<u>]</u>			
PRORATION OFFICE				
Operator				
Solar Oil	Company			
	517/ W: 11 1 m			
Reason(s) for filing (Check proper box	5114, Midland, Texas	Other (Please explain)		
New Well X	Change in Transporter of:	omer (1 tease explain)		
Recompletion	Oil Dry Ga	s 🗀		
Change in Ownership	Casinghead Gas Conden			
If change of ownership give name and address of previous owner	•			
DESCRIPTION OF WELL AND				
Lease Name	Well No. Pool Name, Including Fo		20450 110.	
Elk State	2 Teague Blinel	ory State, Fe	ederal or Fee State	
Location	0 0 11			
Unit Letter M; 33	O Feet From The South Lin	e and 990 Feet F	rom The West	
Line of Section 16 Toy	22.6	0.7 r	_	
Line of Section 10 Tov	wnship 23-S Range	37-Е , ммрм,	Lea County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	e.		
Name of Authorized Transporter of Oil			pproved copy of this form is to be sent)	
Permian Corporation		P. O. Box 3119,	Midland Toyas	
Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
El Paso Natural Gas	•	P. O. Box 1492,	El Paso Texas	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	M 16 23-S 37-E	Yes	June 10, 1968	
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completic	$\operatorname{on} - (X)$	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6-28-68	7-17-68	6160'	6128'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3311.8 GR	Blinebry	5367 '	58781	
Perforations			Depth Casing Shoe	
	5395! - 5944!		6160'	
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-3/4"	9-5/8"	1035'	400	
8-3/4"	5-1/2"	6160'	530	
	2-3/8"	5878'		
THOT NAMA AND TROTTOT TO	OD ATTOMANA TO	<u> </u>		
TEST DATA AND REQUEST FOOIL WELL		fter recovery of total volume of load pth or be for full 24 hours)	loil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
7 - 27-68	7-29-68	Flow		
Length of Test	7-29-68 Tubing Pressure	Casing Pressure	Choke Size	
24 hrs Actual Prod. During Test	550#	800#	32/64"	
	Oil-Bhls.	Water-Bbls.	Gas - MCF	
121	109	12	13	
CAG WENT				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Float 1861-MC1/D	Edulation 1931	Bara Condonsato, Mixica	G. GVILY OF COMMONIBULE	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	<u> </u>			
CERTIFICATE OF COMPLIAN	CE	OIL CONSER	RVATION COMMISSION	
			e de la companya del companya de la companya del companya de la co	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	Runyan	
commission have been complied value is true and complete to the	with and that the information given best of my knowledge and belief.	BY John a	Kunyan	
-				
		TITLE		
7 / 1 //	1 1	Li.	and the same of th	

VI.

mQ	Smith	#
	(Signature)	
Produc	tion Clerk	
	4504 1	

(Title)

August 1,

1968 (Date) 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.