			·
NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			1
U.S.G.S.			Ī
LAND OFFICE			T
TRANSPORTER	OIL		-
	GAS		
OPERATOR			
22224		1	1

ı.

II.

III.

IV.

SANTA FE FILE U.S.G.S. LAND OFFICE OIL	REQUES	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65	
OPERATOR PRORATION OFFICE						
Operator SOLAR OIL COMPAN	Υ					
Address						
Reason(s) for filing (Check proper bo	Midland, Texas 79701	Other (Please	e explain)			
New Well X Recompletion	Change in Transporter of:					
Change in Ownership	Oil Dry Casinghead Gas Cond	ensate				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including	Formatten	True de la companya della companya della companya della companya de la companya della companya d		*****	
ELK STATE	3 TEAGUE BLIN		Kind of Lease State, Federal or	·Fee State	Lease No.	
Location Unit Letter L ; 16.	50 South	000				
16		ine and 990 37-E , NMPM	Feet From The	West	County	
DESIGNATION OF TRANSPOL						
Name of Authorized Transporter of O			to which approved	copy of this form is to	be sent)	
PERMIAN CORPORAT		P. O. Box 311	9, Midland,	Texas 79701 copy of this form is to b	ha canel	
	,	Made Cop (Notice Code)	to which approved	copy by this form is to	e sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect.	ed? When			
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool	, give commingling order	number:	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Workover	Deepen P	Plug Back Same Restv	Diff. Res'v.	
Date Spudded 8-8-68	Date Compl. Ready to Prod. 9-9-68	Total Depth	1 -	P.B.T.D. 6049'		
Elevations (DF, RKB, RT, GR, etc., 3305 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5390	Tubing Depth 5739.5			
Perforations 5438! - 5994!			D	Pepth Casing Shoe		
3130 3334	TUBING, CASING, AN	ID CEMENTING RECOR		6092'		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT		
9-1/4	7-5/8	800' 6092		550 sx.		
	2-3/8	5739.5	5	680 sx.		
TEST DATA AND REQUEST I		after recovery of total volu		must be equal to or exc	eed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	lepth or be for full 24 hours Producing Method (Flou	<u> </u>	etc.)		
9-10-68	9-28-68	Flow		·		
Length of Test 24 hrs.	Tubing Pressure 610#	Casing Pressure 240#	-	Choke Size 28/64#		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF		
282	254	28		350		
GAS WELL			· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F G	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) C	Choke Size		
CERTIFICATE OF COMPLIAN	NCE .	OIL	ONSERVATION	ON COMMISSION		
	regulations of the Oil Conservation with and that the information given		XA) White . 18)	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY HAMES			
•		TITLE SI	PER VINCE	MOIRION F		
In l d	and the	11		pliance with RULE 1		
, ,	nature)	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.				
	Production Clerk (Title)		this form must b	e filled out complete	ly for allow-	
October 10, 196	•	Fill out only	Sections I. II. II	II. and VI for change	e of owner,	
(L	late)	well name or number	r, or transporter, c	or other such change	of coudifion.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.