CIST HERITON CANTALL THE		CONSCRVATION COMMISS FOR ALLOWABLE AND	SION	Super	C-104 esedex Old C-1 tive 1-1-65	04 and C-110
DISIGIS. LAND OFFICE TRANSPORTER O L GAS	AUTHORIZATION TO TR		ATURAL GAS			
OPERATION OFFICE Comparison	· <u> </u>					
IMPERIAL - AMERICAN M	ANAGEMENT COMPANY					
507 Midland Savings in Reason(s) for tiling Weeck proper box	ldg. Midland, Tex	as Other (Flease e	explain)			
New Well Recompletion Change in Concerning (X)	Change in Transporter of: Oil Dry G	as				
il change of ownership give name and address of previous owner	SOLAR OIL COMPANY	Box 5596 Midl	and, Texas	i		
I. DESCRIPTION OF WELL AND	LEASE. Well No., Pool Name, Including	Formation , !	Kind of Lease			Lease No.
G. W. Dabus	3 Langlie Matt		State, Federal or	Fee F	ee	
Location Unit Letter i 1980	Feet From The North L	ine and1980	_ Feet From The	Wes	t	
Line of Formin 35 Tox	enalup 25-5 Range	37-Е , энгол,	Lea			County
a. pysignation og Taanspor	TER OF OIL AND NATURAL G	AS Address (Gue address to	which approved	copy of the	is form is to be	e sent)
Shell Liteline Company		Box 1910 Mi	dland Tex	ca s		
El Paso hatural Gas C	ompany	Box 1492 31	iaso Tex			
It well projuces on or Hynds, give location of the ks.	C 35 25-S 37-E		i			
If this production is commingled wi	th that from any other lease or poo	l, give commingling order	number:			1
V. <u>COMPLETION DATA</u> Designate Type of Completi	on - (X)	New Well Workover		Yluq Back	Same Res'v.	Diff. Resfy.
Date Spudsed	Date Compl. Ready to Prod.	Total Depth	•	≥.₽.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Oll/Gas Pay		Futing Dep	th	
Perforations				Derth Casi	ng Shoe	
	TUBING, CASING, A	ND CEMENTING RECOR	D			N. T
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T		ACKS CEME	
		e after recovery of total volu	me of load oil an	d must be e	equal to or exc	eed top allou
V. TEST DATA AND REQUEST FOR WELL	able for this	depth or be for full 24 hours Producing Method : Flou	7			<u> </u>
Date First New Oil Fun To Tanks	Date of Test Tuping Pressure	Casing Pressure		Chake Size	<u> </u>	
Length of Test		Woter- Bole		Gar-MOF		

Actual Press Damey Jest

Bble. Condensate theCF GAS NECE Actual From Test-MODYS Gravity of Condensate Length of Test Cosing Fressure (Sout-in) Cloke Size Tuding Pressure (Shut-in) Seating Mateur System, back yes GIL CONSERVATION COMMISSION

VI. CONTREICATE GE COMPLIANCE

۱ì.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiler, with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

ATOM GAIN ME

voccine 24, 1969

APPROVEN -TITLE

Time fam. on to be filed in compliance with RULE 1104.

It this to a respect for allowable for a newly drilled or deepened well, this for a mat be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All section of this form must be filled out completely for allowable on new sed recompleted wells.

File out sily Sections I. H. III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

C-104 must be filed for each pool in multiply

NO. OF COPIES REC	EIVED		
DISTRIBUTIO	NC		
SANTA FE			1
FILE			1
U.S.G.S.		:	i
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		
Operator		-	-
	Sol	ar	Oil
Address			

New Well Recompletion

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Change in Ownership

If change of ownership give name and address of previous owner ____

II. DESCRIPTION OF WELL AND LEASE

G. W. Dabbs

NEW MEXICO OIL CONSEI REQUEST FOR

Company

011

Feet From The

Tubing Pressure (Shut-in)

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.

(Signature)

(Title)

(Date)

1968

Production Clerk

27 June

P. O. Box 5114, Midland, Texas
Reoson(s) for filing (Check proper box)

pany 4, Midland, Texas Other (Please explain) hange in Transporter of: If X Dry Gas Effective date July 1, 1968 asinghead Gas Condensate Kind of Lease Cell No. Pool Name, including Formation X Langlie Mattix State, Federal or Fee Feet From The North Line and 1980 Feet From The West 25-S Resea 37-E				
Ay, Midland, Texas Other (Please explain) Effective date July 1, 1968		FOR ALLOWABLE	Supersédes Effective 15	1-65
A, Midland, Texas hange in Transporter of:		ANSPORT OIL AND NATURA	AL GAS	11 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Other (Please explain) Effective date July 1, 1968 Lease Lease Lease Lease Lease Peet From The West Feet From The Lea Cou FOIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas Sec. Twp. Rge. Is gas actually connected? When John Sec. Twp. Rge. Is gas actually connected? When John Sec. Twp. Rge. Is gas actually connected? When John Sec. Twp. Rge. Is gas actually connected? When John Sec. Twp. Rge. Is gas actually connected? Peepen Plug Back Same Resv. Diff. R Onli Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. R Onli Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. R Onli Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. R Onli Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. R Depth Casing Shoe Tubing Depth Depth Casing Shoe	pany			
Other (Please explain) Effective date July 1, 1968 Lease Lease Lease Lease Lease Lease Lease Lease The Morth Line and Line and Line and Lease Feet From The West Effective date July 1, 1968 Lease Lease Lease Lease Coult And Natural Gas or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas Address (Give address to which approved copy of this form is to be sent) Only P. O. Box 1910, Midland, Texas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1949, El Paso, Texas Sec. Twp. Rge. Is gas actually connected? When Sec. Twp. Rge. Is gas actually connected? When 3	4, Midland, Texas			
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FOIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas P. O. Box 1492, El Paso, Texas P. O. Box 1492, El Paso, Texas Sec. Twp. Page. Is gas actually connected? When 35 25-S 37-E Yes 27 Jan 68 From any other lease or pool, give commingling order number: Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Resemble. Ready to Prod. Total Depth P.B.T.D. I Producing Formation Top Cil/Gas Pay Tubing Depth Depth Casing Shoe	25 0 2	7-E , NMPM,	Lea	County
Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Recompl. Ready to Prod. Total Depth P.B.T.D. Top Cil/Gas Pay Tubing Depth Depth Casing Shoe	or Condensate Ty Gas or Dry Gas Ompany Sec. Twp. Rge.	P. O. Box 1910, M Address (Give address to which a P. O. Box 1492, E Is gas actually connected?	idland, Texas pproved copy of this form is 1 Paso, Texas When	
ompl. Ready to Prod. Total Depth P.B.T.D. f Producing Formation Top Cil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	rom any other lease or pool,	give commingling order number:		
f Producing Formation Top Cil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same R	esfy. Diff. Resfy.
TUBING, CASING, AND CEMENTING RECORD	ompl. Ready to Prod.	Total Depth	P.B.T.D.	
TUBING, CASING, AND CEMENTING RECORD	f Producing Formation	Top Cil/Gas Pay	Tubing Depth	
ACING A TUBING SIZE		1	Depth Casing Shoe	
ASING & TUBING SIZE DEPTH SET SACKS CEMENT	TUBING, CASING, AND	CEMENTING RECORD		
	ASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT

Choke Size

OIL CONSERVATION COMMISSION

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.

	Line of Section 35 To	wnship 25-S	Range	37-E	, NMPM,		Lea	County
H	DESIGNATION OF TRANSPOR	TED OF OU AND A	'ATUDAL C	4.0	-			
***	Name of Authorized Transporter of Oil	or Condensa	NAIURAL G	Address ((ive address t	o which appro	oved copy of this form	is to be seed
	Shell Pipe Line	_		1				
	Name of Authorized Transporter of Ca	singhead Gas or I	Dry Gas	Address (). Box 19	110, Mid.	land, Texas	7- A-1 1
	El Paso Natural		, 4 (is to be sent)
			wp. Rge.	P. (). Box 14	92, E1 1	Paso, Texas	
	If well produces oil or liquids, give location of tanks.		25-S ¦ 37-1	i.	Yes	ar wi	27 Jan 68	
IV.	If this production is commingled with COMPLETION DATA	th that from any other	lease or pool	, give commi	ngling order	number:	27 0411 00	
	Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back Same I	Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to	Prod.	Total Dept	h	<u> </u>	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	rmation	Top Cil/Go	is Pay		Tubing Depth	
	Perforations						Depth Casing Shoe	
		TUBING	CASING, AN	ID CEMENTI	NG RECORE	<u> </u>		
	HOLE SIZE	CASING & TUB			DEPTH SE		SACKS C	EMENT
	TEST DATA AND REQUEST FO	OR ALLOWABLE	(Test must be a	after recovery	of total volum	e of load oil	and must be equal to a	or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test			Method (Flow,		ft, etc.)	
	Length of Test	Tubing Pressure		Casing Pre	asure .		Choke Size	
	Actual Prod. During Test	Oil-Bbls.		Water - Bbla	·		Gas - MCF	
l.	GAS WELL							
٢	Actual Prod. Test-MCF/D	Length of Test		Bhle Cond	ensate/MMCF		Complete of Complete	
				DDIS. CORG	CHECKS NIMOF		Gravity of Condensa	u•

Casing Pressure (Shut-in)

APPROVED.

BY______

TITLE .

;	NO. OF COMES ACCEIVED	
	DISTRIBUTION :	NEW MEXICO OIL CO:
	SANTA FE	REQUEST FO
	FILE	
	U.S.G.S.	AUTHORIZATION TO TRAN
	9,5	
	TRANSPORTER	
	OPERATOR	·
ĭ.	PRORATION OFFICE	: i
	Solar Oil	Company
	Address 2. 0. Box	: 5114, Midland Texas
	Keason(s) for tilling (Check proper box)	
	New Wel.	Change in Transporter of:
	Recompletion	Oil Dry Gas
	Change in Ownership	Casinghead Gas Condense
	If change of ownership give name and address of previous owner	Previous Operator - Br
∡.	DESCRIPTION OF WELL AND I	UEASE Well No. Pool Name, Including Form
	G. W. Dabbs	3 Langlie Matti
	Location F 198	O Feet From The North Line
	Line of Section 35 Tow	mship 25-S Range 37
[.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS
	<u>Permian Cornoration</u> Name of Authorized Transporter of Cas	inghead Gas or Dry Gas
	El Paso Natural Gas Co	
	If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. Ege.
		h that from any other lease or pool, gi
٠.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well 1
	Date Spudged	Date Compl. Ready to Prod.
	Elevations (DF, RKB, RT, GR, e.c.,	Name of Producing Formation
		Name of Producting Connection
	Perforations	
		TUBING, CASING, AND
	HOUE SIZE	CASING & TUBING SIZE
	·	
٧.	TEST DATA AND REQUEST FO	OR ALLOWADLE (Test must be after able for this depth able for this depth above.)
	OII, WELL Date First New OL Run To Tanks	Date of Test
	Length of Test	Tubing Pressure
	Actual Pros. During Tout	011 - Bbla.
		<u> </u>
	GAS WELL	
	Actual Pros. Test-MCF/D	Longth of Tost
	Testing Method (pitot, back pr.)	Tuping Pressure (Shub-in)
••	CERTIFICATE OF COMPLIAN	
	I hereby certify that the relea and a Commission have been complied wabove is true and complete to the	vith and that the information given 🖖
		* * * * * * * * * * * * * * * * * * *
		4
	T (

(Signature)

Presiden (Title)

(Date)

1 May 1968

SANTA FE	NEW MEXICO OIL CO	FOR ALLOWADLE	Form C=104 Supersedes Old C=104 a	nd C•11
FILE	_ REQUEST I	AND	Effective 1-1-65	a C-11
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE	-			
TRANSPORTER	-			
GAS				
PROPATION OFFICE	: - :			
Operator	<u> </u>			
Solar Oil	1 Company			
Address				
	k 5114, Midland Texas			
New Wel.	Change in Transporter of:	Other (Masse explain)		
Recompletion	Oil Dry Gas	- Change in Oper	ator	
Change in Ownership	Casinghead Gas Conden	sate		
If change of ownership give name and address of previous owner	Previous Operator - B	Bronco Oil Corporation		
DESCRIPTION OF WELL AND DELEGATE Name	DMASE Well No. Pool Name, including Fo	ermation King of Lea	Se Leo	se No.
G. W. Dabbs	3 Langlie Matt	i X State, Feder	ra; or Fee Fee	
Location				
Unit Letter F; 198	O Feet From The North Line	e and 1980 Feet From	The West	
Line of Section 35 Tov	waship 25-S Range 3	7-Е , мырм,	<u> </u>	County
PRO1011 (#1011 012 F12 (112 P0 P1		c.		
Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA	Adaress (Give activers to which appr	oved copy of this form is to be see	1 <i>t j</i>
Permian Cornoration	-			
Name of Authorized Transporter of Cas	anghed Gas or Dry Gas	Address (Give accress to which appr	oved copy of this form is to be see	nt)
El Paso Natural Gas Co		Box 1499 El Paso	axas	
If well produces oil or liquids,	Unit Sec. Twp. Age.		hen	
give location of tanks.	C 35 25-S:37-E	<u>Yes</u>	27 Jan 68	
	th that from any other lease or pool,	give commingling order number:		
COMPLETION DATA		New Well Workover Deepen	Flug Back Same Restv. Dif	1. R961v
Designate Type of Completic	$\operatorname{on} = (X)$	<u>.</u>		
. Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, e.c.,	Name of Producing Formation	. Top Oil/Gas Paj	Tubing Depth	
Perforations		<u> </u>		
Periorations			Depth Casted Shoe	
			Depth Casing Shoe	
	TURING, CASING, AND	CACCELL ENTREMED	Depth Casing Shoe	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CRODEL, CRITREMED (TES ATREC	SACKS CEMENT	
HOUE SIZE				
HOLE SIZE				
HOLE SIZE				
	CASING & TUBING SIZE	DEPTH SEY	SACKS CEMENT	
TEST DATA AND REQUEST F	CASING & TUBING SIZE CRALLOWABLE (Test must be a)	SEFTH SET	SACKS CEMENT	op allow
	CASING & TUBING SIZE CRALLOWABLE (Test must be a)	DEPTH SEY	SACKS CEMENT SACKS CEMENT If and must be equal to or exceed to	op allow
TEST DATA AND REQUEST FOOL WELL	CASING & TUBING SIZE	fter recovery of total volume of load on pth or be for full 24 hours)	SACKS CEMENT SACKS CEMENT If and must be equal to or exceed to	op allow
TEST DATA AND REQUEST FOOL WELL	CASING & TUBING SIZE	fter recovery of total volume of load on pth or be for full 24 hours)	SACKS CEMENT SACKS CEMENT If and must be equal to or exceed to	op allow
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TEST DATA AND REQUEST FORM WELL Date First New On Run To Tenks Length of Test Actual Pros. During Test GAS WELL Actual Pros. Test-MOF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	CASING & TUBING SIZE CR ALLOWABLE (Test must be a) able for this de able	DEFTHUSET fter recovery of total volume of load on pik or be for full 34 hours) Producing Method (Flow, pump, gas) Casing Procourt Water-Bbla. Bbis. Condenuato/MMCF Casing Pressure (Chara-in) CIL CONSERV	SACKS CEMENT il and must be equal to or exceed to lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size	op allou
TEST DATA AND REQUEST FORM WELL Data First New Off. Bun To Tanks Longin of Test Actual Pros. During Tout GAS WELL Actual Pros. Tout-MOF/D Testing Method (pitot, back ph.) CERTIFICATE OF COMPLIAN I hereby certify that the raise and	CASING & TUBING SIZE CR ALLOWABLE (Test must be a) sble for this de sble	Casing Pressure (Charter)	SACKS CEMENT il and must be equal to or exceed to lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size	op allou
TEST DATA AND REQUEST FOOL WELL Date First New Oil Run To Tanks Length of Test Actual Pros. During Test GAS WELL Actual Pros. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied.	CASING & TUBING SIZE CR ALLOWABLE (Test must be a) able for this de able	DEFTHUSET fter recovery of total volume of load on pik or be for full 34 hours) Producing Method (Flow, pump, gas) Casing Procourt Water-Bbla. Bbis. Condenuato/MMCF Casing Pressure (Chara-in) CIL CONSERV	SACKS CEMENT il and must be equal to or exceed to lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size	op allou
TEST DATA AND REQUEST FOOL WELL Date First New Oil Run To Tanks Length of Test Actual Pros. During Test GAS WELL Actual Pros. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN I hereby certify that the rules and Commission have been complied to	CASING & TUBING SIZE OR ALLOWABLE (Test must be a) sble for this de Date of Test Tubing Pressure Oil-Bola. Longth of Test Tubing Pressure (Shuc-in) CE regulations of the Oil Conservation with and that the information given	Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in)	SACKS CEMENT il and must be equal to or exceed to lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size	op allou

If this is a request for allowable for a newly drilled or despened well, this form most 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, M. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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