

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Operator <b>Holder Petroleum Corporation</b>	
Address <b>Box 1476, Lovington, New Mexico 88200</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner **Kavanau Real Estate Trust, c/o Oil Reports & Gas Services  
Box 763, Hobbs, New Mexico 88240**

Lease Name <b>HSG</b>		Well No. <b>3</b>	Pool Name, Including Formation <b>Chaveroo-San Andres</b>	Kind of Lease <b>St. Game &amp; Fish</b> State, Federal or Fee <b>State</b>	Lease No. <b>GS-1</b>
Location					
Unit Letter <b>J</b>	<b>1380</b>	Feet From The <b>South</b>	Line and <b>1380</b>	Feet From The <b>East</b>	
Line of Section <b>26</b>	Township <b>7-S</b>	Range <b>32-E</b>	NMPM, <b>Roosevelt</b>		County

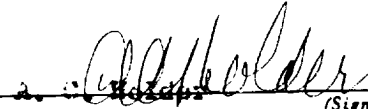
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Company</b>		Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Co.</b>		Address (Give address to which approved copy of this form is to be sent) <b>Box 300, Tulsa, Oklahoma 74102</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>20</b>	Twp. <b>7S</b>	Rge. <b>32E</b>	Is gas actually connected? <b>Yes</b> When <b>6-9-68</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>INFORMATION SAME AS PREVIOUSLY REPORTED</b>									
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>INFORMATION SAME AS PREVIOUSLY REPORTED</b>									

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
<b>INFORMATION SAME AS PREVIOUSLY REPORTED</b>					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
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
<b>INFORMATION SAME AS PREVIOUSLY REPORTED</b>			
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.	
<b>HOLDER PETROLEUM CORPORATION</b>	
 A. C. Holder President	(Signature)
(Title)	
8-15-72 (Date)	

OIL CONSERVATION COMMISSION	
SEP 1 1972, 19	
APPROVED	
BY	<b>Orla. Signed by</b> <b>Joe D. Ramey</b> Dist. I, Supv.
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.	