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	SANTA FE	NEW MEXICO CILI	FOR ALLOWABL	ISSION	Form C+104	
	FILE /		AND		Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S.G.S.	- AUTHORIZATION TO TR				
	LAND OFFICE		AND ON TOLL AND	NATURAL G	45	
	TRANSPORTER OIL					
	GAS	RECEIVED				
	OPERATOR /					
1.	PRORATION OFFICE		DEC 27 1976			
	HOLLY ENERGY, INC.					
	Address O. C. C.					
	2001 BRYAN TOWER, SUITE 2680, DALLAS, TEXAS' 75201					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:					
	Recompletion Eff.	Oll Dry G	as			
	Change in Ownership X 12-15-	76 Casinghead Gas 🗌 Conde	ensate			
	If change of ownership give name the transformed to					
	address of previous owner Franklin, Aston & Fair, Ltd., P.O. Box 1090, Roswell, N. M. 88201					
				1070, 1081	Vell, N. M. 00201	
П.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.	
	North King Camp linit.	11 Wildcat	comments.	 State, Federal /	r.	
	Location			L	Federal NM0333227	
	Unit Letter P ; 660	JFeet From The South Lin	ne and 660		D = - 6	
	· · · · · · · · · · · · · · · · · · ·	Ling Peer From The Doucit Ling	ne and UOU	Feet From Th	e Last	
	Line of Section 35 To	wuship 13S Range 2		Chaves		
		LUD Hunge	29E , NMPM	, Cildves	County	
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oi	I or Condensate	15 Address (Cure address			
1			had ess forbe address t	o which approve	d copy of this form is to be sent)	
	None Name of Authorized Transporter of Co	IsInghead Gas or Dry Gas				
	None		Addiess forve address t	o which approve	d copy of this form is to be sent)	
		Unit Sec. Twp, Pge.		···	· · · · · · · · · · · · · · · · · · ·	
	If well produces oll or liquids, give location of tanks.		is gas actually connecte	ed? When		
l		P 35 13 5 29E	No	ا 		
117	this production is commingled with that from any other lease or pool, give commingling order number:					
1.	COMPLETION DATA					
	Designate Type of Completi	on - (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 Deptn		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
	·	TUBING, CASING, ANI	D CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	SACKS CEMENT	
		· · · · · · · · · · · · · · · · · · ·				
ł						
v .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil on	id must be equal to or exceed top allow	
_	OIL WELL		epth or be for full 24 hours)	a musi be equal to or exceed top allou	
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		elc.j	
	Length of Teat	Tubing Pressure	Casing Pressure		Choke Size	
			•			
	Actual Prod. During Test	Oil-Bbla.	Water + Bble.		Gas-MCF	
					100 12	
i_			L			
	GAS WELL					
[Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
ł	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-10)	Choke Size	
				,	CABRE SITE	
1/1 1/1	CERTIFICATE OF COMPLEX		 i			
¥1.	CERTIFICATE OF COMPLIAN		01L C	ONSERVAT	1976	
	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.		APPROVED 19			
			BY N.C	BY W. a. Aresset		
			TITLE SUPERVISOR, DISTRICT IL			
			This form is to be filed in compliance with RULE 1104.			
			If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I, 11. III, and VI for changes of own- well name or number, or transporter, or other such change of condition			
	J. H. Lyon (Signature)					
	Operations Manager (Title)					
	12-15-76					
	12-15-76 (Date)					
			11		be filed for each pool in multip	
			I completed wells.		• · · · · · · · · · · · •	