

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND
 ALLOCATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator
Silver Monument Minerals, Inc.

Address
Box 1476, Lovington, New Mexico 88260

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner **Holder Petroleum Corporation, Box 1476, Lovington, New Mexico 88260**

II. DESCRIPTION OF WELL AND LEASE

Lease Name KMS	Well No. 1	Pool Name, Including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee	State	Lease No. OG-1017
Location					
Unit Letter P	660	Feet From The S	Line and 660	Feet From The E	
Line of Section 36	Township 7 S	Range 32 E	, NMPM, Roosevelt		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36	Twp. 7S	Rge. 32E	Is gas actually connected? Yes When 11-16-67

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

IV. COMPLETION DATA

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.		
		INFORMATION SAME AS PREVIOUSLY REPORTED						
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		
INFORMATION SAME AS PREVIOUSLY REPORTED								

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.)	
		INFORMATION SAME AS PREVIOUSLY REPORTED	
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
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.

SILVER MONUMENT MINERALS, INC.


 A. C. Holder (Signature)
 President (Title)
 1-1-73 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1973, 19____
 BY Joe D. Ramey
 TITLE Dist. I, Supv.

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.

RECEIVED

JAN 1 1973

CLERK OF SUPERIOR COURT
HONOLULU, HAWAII