

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ANTAFE	
ILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW

Form C-104

Superseding Old C-104 and C-110
Effective 1-1-65

AUTHORIZED

NATURAL GAS

I. OPERATOR

Operator
Monument Energy Corporation

Address
Box 1476, Lovington, New Mexico 88260

Reason(s) for filing (Check proper box)

New Well Change in Transporter

Recompletion Oil

Change in Ownership Casinghead Gas

If change of ownership give name and address of previous owner

Change of Name from
Silver Monument Minerals, Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name LSA	Well No. 1	Section "A" South Abo	Kind of Lease State, Federal or Fee State	Lease No. E8428
Location Unit Letter G ; 1980 Feet From The North 1980 Feet From The East	Line of Section 30	Township 17S	Range 36E	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND CASINGHEAD GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corporation--Truck	Address Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Co.	Address Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit G Sec. 30 17S 36E Yes	When Prior to change in ownership

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Produce	Flug Back	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth		
Perforations		Depth Casing Shoe		
HOLE SIZE	CASING & TUBING	SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL		Bad oil and must be equal to or exceed top allowable (25 lbs lift, etc.)
Date First New Oil Run To Tanks	Date of Test	
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF
GAS WELL		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	

VI. CERTIFICATE OF COMPLIANCE

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

MONUMENT ENERGY CORPORATION

(Signature)
President

April 11, 1974

CONSERVATION COMMISSION

_____ , 19____

(Signature)

Filed in compliance with RULE 1104.
Request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation from the original well in accordance with RULE 111.
This form must be filled out completely for allowable on completed wells.
Sections I, II, III, and VI for changes of owner, transporter, or other such change of condition.
Form C-104 must be filed for each well to maintain