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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator <b>Monument Energy Corporation</b>	
Address <b>Box 1476, Lovington, New Mexico 88260</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain) <b>Change of name from Silver Monument Minerals, Inc.</b>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State BC</b>	Well No. <b>1</b>	Pool Name, including P. & G. <b>Todd San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>OG 174</b>
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>South</b>	<b>608.8</b>	Feet From The <b>West</b>
Line of Section <b>31</b>	Township <b>7S</b>	Range <b>36E</b>	NMPM, <b>Roosevelt</b> 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"/> <b>Mobil Pipe Line</b>	Give address to which approved copy of this form is to be sent <b>Box 900, Dallas, Texas 75221</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Give address to which approved copy of this form is to be sent <b>Milnesand, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>31</b>	Twp. <b>7</b>	Range <b>36E</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	When

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be run at least 24 hours and must be equal to or exceed top allowable for this well.)

Date First New Oil Run To Tanks	Date of Test	Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	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.

**MONUMENT ENERGY CORPORATION**

  
(Signature)

**President**

(Title)

**April 11, 1974**

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

Orig. Signed by

**Joe D. Ramey**

**Dist. I, Supv.**

This form is to be filed in compliance with RULE 1104.

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.

Superseding Form C-104 must be filed for each well to maintain