SE OF SEED NEED	LIVEU	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
2222471011 255125		

	SANTA FE FILE	REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65			
Ì	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL A	ND NATURAL (				
	LAND OFFICE		ANDI ONT OIL A	NO NATURAL (	JA3			
	TRANSPORTER OIL							
-	OPERATOR GAS	-						
	PRORATION OFFICE							
- 1	Operator							
	Holmac Oil Company Address							
ĺ	c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240							
	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New We!! Recompletion	Change in Transporter of: Oil Dry Go	ss Tifect		ive May 1, 19	73		
	Change in Ownership	Oil Dry Go Casinghead Gas Conde	<del>[=</del> ]	20 1 EC C	ive may 1, 19	, 3		
	If change of ownership give name	Shell Oil Company, Box	x 1509, Midla	and, Texas 7	9701			
	DESCRIPTION OF WELL AND							
Ī	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.		
-	State CV	3 Chaveroe San	Andres	State, Federa	or Fee State	K-4058		
į	Location Unit Letter I ; 19	80   Feet From The South Lin	ne (md 660	Feet From 1	The <b>East</b>			
					_			
Ĺ	Line of Section 35 To	ownship 7 Range	33 E , N	IMPM, ROOS	evelt	County		
III. 1	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA		ress to which approv	ved copy of this form is	to be sent)		
	Mobil Pipe Line Compa			Callas, Texa	1.8			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Cities Service Oil Company			ress to which approv Lle, Oklahom	ved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually cor		n			
	give location of tanks.	K 35 78 33E	Yes		9/1/66			
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,						
	Designate Type of Completi	ion - (X)   Oil Well   Gas Well	New Well Works	over Deepen	Piug Back   Same Re	es'v. Diff. Res'v.		
}	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	1		
-	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
		,						
	Perforations				Depth Casing Shoe			
t	TUBING, CASING, AND CEMENTING RECORD							
-	HOLE SIZE	CASING & TUBING SIZE	DEPT	HSET	SACKS CE	MENT		
-								
-								
L			<u> </u>		<u> </u>			
	TEST DATA AND REQUEST F OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total pth or be for full 24 i	volume of load oil ( hours)	and must be equal to or	exceed top allow-		
	Date First New Oil Run To Tanks	Producing Method (Flow, pump, gas lij		i, etc.)				
-	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
		- CONTROLL	Water-Bbis.		Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	water - DDIS.		Gds - MCF			
'								
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/	MMCF	Gravity of Condensat	•		
			Casing Pressure (1	**************************************	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Cdaing Pressure (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chore Size			
VI.	CERTIFICATE OF COMPLIAN	ICE	0	IL CONSERVA	TION COMMISSIO	ON		
	Landy consider that the sulps and	regulations of the Oil Conservation	APPROVED_			, 19		
- (	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.							
			BY	Ori	ig. Signed by  D. Remey  St. J. Signed with RULE 1104.			
			TITLE	<u> </u>				
	$I\Lambda$	11 01	This form is to be filed in $C$					
_	(Signature)		If this is a	If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation				
		tests taken on the well in accordance with RULE 111.						
	Ag (T		ns of this form mu ad recompleted we	st be filled out comp	letely for allow-			
		2/73	Fill out on	iv Sections I II	III. and VI for che	inges of owner,		
-	(D	well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply						