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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

I. Operator **Holder Petroleum Corporation**

Address **Box 1476, Lovington, New Mexico 88260**

Reason(s) for filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Ownership ☐ Change in Transporter of: Oil ☐ Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name **Kavanaugh Real Estate Trust, c/o Oil Reports & Gas Services**
and address of previous owner **Box 763, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAS	Well No. 1	Pool Name, Including Formation Chavero-San Andres	Kind of Lease State, Federal or Fee State	Lease No. CC-1017
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East 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 1 Sec. 36 Twp. 7-S Rge. 32-E	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. INFORMATION SAME AS PREVIOUSLY REPORTED			Total Depth		P.B.T.D.		
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 INFORMATION SAME AS PREVIOUSLY REPORTED			Producing Method (Flow, pump, gas lift, etc.)	
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 INFORMATION SAME AS PREVIOUSLY REPORTED	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

HOLDER PETROLEUM CORPORATION

A. S. Holder (Signature)
President
8-15-72 (Date)

OIL CONSERVATION COMMISSION
SEP 1 1972

APPROVED _____, 19____
BY **Joe D. Ramey** Orig. Signed by
Dist. I, Supv.
TITLE _____

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 recompleted wells.