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

W 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) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>KMS</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Chaveroo-San Andres</b>	Kind of Lease <b>State</b>	State <b>OK</b>	Lease No. <b>06-1017</b>
Location <b>E 1980 North 660 West</b>	Unit Letter <b>36</b>	Feet From The <b>7-8</b> Line and <b>32-E</b>	Feet From The <b>Roosevelt</b>	Line of Section <b>36</b>	Township <b>7-8</b> Range <b>32-E</b> , NMPM, 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 Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 500, Dallas, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 500, Tulsa, Oklahoma 74103</b>
If well produces oil or liquids, give location of tanks.	Unit <b>I</b> Sec. <b>36</b> Twp. <b>7S</b> Rge. <b>32E</b> Is gas actually vented? <b>YES</b> When <b>11-16-67</b>

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

V. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	INFORMATION SAME AS PREVIOUSLY REPORTED						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	INFORMATION SAME AS PREVIOUSLY REPORTED					SACKS CEMENT		

VI. 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	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/MCF	Gravity of Condensate
INFORMATION SAME AS PREVIOUSLY REPORTED			
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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. C. Holder** (Signature)  
President  
8-15-72 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 1 1972**, 19

BY **Joe D. Ramey** (Signature)  
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 completed wells.