	NO OF PIES REG	EIVED ,	1						
	DISTRIBUTION			-		CO 011			
	SANTA FE		W MEXIC						
	FILE				1.2	EQUEST			
	U.S.G.S.			AUTHORIZATION TO			TO TO		
	LAND OFFICE			A	JINOKI	ZATION	1011		
		OIL							
	TRANSPORTER	GAS							
	OBERATOR	1 0 2 3							
	OPERATOR								
1.	PRORATION OF S								
	Rolder Address  Box 1477 Reason(s) for filing New Well	_		, Nea					
	Recompletion			Oil			Dry (		
	Change in Ownershi				singhead (	T	Cond		
	Location Unit Letter P	<u>، ن-</u>	660	Fe	et From T	haver			
	Line of Section	26_	Tow	nship	7-8		Range		
III.	DESIGNATION O	F TRANS	SPORT	ER OF	or Cond	ND NAT	URAL G		
	Name of Authorized Cities Ser	Transporte	r of Cas	Inghead	Gαs <b>⊈</b>	or Dry G	as 🗀		
	If well produces oil			Unit	Sec.	Twp.	P.ge.		
	give location of tan	ks.		P	26	78	328		
IV.	If this production is commingled with that from any other lease or poo								
	Designate Type of Completion - (X)								
	Date Spudded			Date Co	mpl. Read	ly to Prod	•		
			īN	FORMA	TION S	AME A	PELT		
	Elevations (DF, RKB, RT, GR, etc.,			Name of Producing Formation					
	1								
	Perforations								

8-15-72

(Date)

## CONSERVATION COMMISSIO

Form C-104

SANTA FE	₩EQUEST	☐ REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C  Effective 1-1-65				
FILE U.S.G.S.	AUTHORIZATION TO TR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE	AUTHORIZATION TO TRA	ANSPURT OIL AND NATURAL (	SAS			
OIL						
GAS GAS						
OPERATOR						
PRORATION OFFICE						
perdior						
Holder Petroleu	in Corporation					
Address						
Box 1476, Lowin	er box)	Other (Please explain)				
New We!!	Change in Transporter of:	Office (1 rease explain)				
Recompletion	Oil Dry Go	as [				
Change in Ownership	Casinghead Gas Conde	<b>75</b>				
change of ownership give na nd address of previous owner		. c/u Vil Reports & Gas	Services			
nd address of previous owner	Box 763, Hoobs, New Mexi					
ESCRIPTION OF WELL A	AND LEASE					
_ease Name	Well No. Pool Name, Including F		St. Game & Fish Lease No.			
CHE HSG	1 Chaveroo-San	Andres State, Federa	GC-1			
_ocation						
Unit Letter P;	660 Feet From The Lin	ne andFeet From '	The			
		NI (D) (	C			
Line of Section 26	Township 7-8 Range	32-E , NMPM, ROOS	County			
POTON AMION OF THE ANC	DODTED OF OIL AND NATURAL C	A C				
Name of Authorized Transporter	PORTER OF OIL AND NATURAL GA	AS Address (Give address to which appro-	ved copy of this form is to be sent)			
			· · · · · · · · · · · · · · · · · · ·			
Mobil Pipe Line C Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)			
Cities Service Ci		Box 300, Tules, Chlahos	aa 7416:2			
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Who				
give location of tanks.	P 26 78 328	Yes	5-6-88			
tableduction is commissed	ed with that from any other lease or pool,		1			
COMPLETION DATA	ed with that hom any other geads of poor,					
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Rest			
Designate Type of Comp	pletion - (X)	ļ <u> </u>				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	information same as previ					
Elevations (DF, $RKB$ , $RT$ , $GR$ ,	etc., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
			Depth Casing Shoe			
Perforations			Lepth Casing Shoe			
	TUDING CASING AN	D CEMENTING BECORD				
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
HOLE SIZE						
	INFORMATION SAME AS DEST	COSCY REPORTED				
SOT DATA AND DEOUE	ST FOR ALLOWARIE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top alic			
TEST DATA AND REQUES	able for this d	lepth or be for full 24 hours)				
Date First New Cil Run To Tank	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	INFORMATION SAME AS PREVI	OUSLY REPORTED				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bblm.	Water-Bbls.	Gas - MCF			
GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Ciravity of Condensate			
	INFORMATION SAME AS PREVI	CUELY REPORTED	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chief Sile			
CERTIFICATE OF COMPI	LIANCE	11	ATION COMMISSION			
		SEP	1 1972 19			
hereby certify that the rules	and regulations of the Oil Conservation	APPROVED				
a basa basa comp	lied with and that the information given to the best of my knowledge and belief.	0	rig. Signed by			
Dove to tide and complete		)) J	oe D. Ramey			
HOLDER PETROLEYM CO	RPORATION		Disit. I, Supv.			
CIVITII		This form is to be filed in	compliance with RULE 1104.			
108 10 111 194 AD IT	/	at the a segment for allow	wable for a newly drilled or deepen			
A. C. Holder	(Signature)	well, this form must be accompa- tests taken on the well in acco	mied by a tabulation of the deviati			
President		All sections of this form my	ist be filled out completely for allo			
	(Title)	able on new and recompleted w	ells.			

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.