

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Holder Petroleum Corporation	
Address Box 1476, Lovington, New Mexico 88260	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name CWE		Well No. 2	Pool Name, including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-9638
Location:					
Unit Letter N	660	Feet From The South	Line and 1930	Feet From The West	
Line of Section 36	Township 7-S	Range 32-E	, NMPM, Roosevelt		County

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 X	Sec. 35	Twp. 7S	Rge. 32E	Is gas actually connected? Yes
					When 5-6-68

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

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.				Total Depth		P.B.T.D.		
INFORMATION SAME AS PREVIOUSLY REPORTED									
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									

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	Producing Method (Flow, pump, gas lift, etc.)	
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
INFORMATION SAME AS PREVIOUSLY REPORTED	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
	Casing Pressure (shut-in)
	Choke Size

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
President
8-15-72

OIL CONSERVATION COMMISSION

APPROVED **SEP 1 1972**, 19_____
BY **Joe D. Ramey**
TITLE **Dist. I, Supv.**

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.