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	Reason(s) for filing (Check proper box)	024 3 41011 -			0	ther (Please	explain)			
	New Well	Change i	in Transporter o	of:						
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ALUA DIVINI INTERNA	able for this depth or de for full 24 hours		
OIL WELL	Date of Test Producing Method (Flow, pump, gas lift, etc.)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gus 11)	, 6:0.7
Baile : Mar Mar and		ALTER AN INDIVIDUAL PROPAGATOR PROPAGATOR	1934
	INFORMATION S	AME AS PREVIOUSLY REPORT	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
<u></u>		Water - Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Wdter - Bots.	
	1		
!		<u> </u>	

GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCF	
Testing Method (pitot, 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.

BILVER MONUMENT MINERALS, INC.

	asa 16 orla	W	
A.	C. Holder	(Signature)	
pr	esident		
		(Title)	
	1-1-73		

(Date)

OIL CONSERVATION COMMISSION APPROVED. Orig. Awned by Joe D. Ramey Dist. I, Supv. BY. 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.