

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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

Operator <b>Heller Petroleum Corporation</b>	
Address <b>Box 1476, Lovington, New Mexico 88260</b>	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner **Kavanaugh Real Estate Trust, c/o Oil Reports & Gas Services  
Box 702, Hobbs, New Mexico 88240**

Lease Name <b>Imble Federal</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Chatterbox-San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-0333777A</b>
Location				
Unit Letter <b>E</b>	<b>1580</b>	Feet From The <b>North</b> Line and <b>600</b>	Feet From The <b>East</b>	
Line of Section <b>25</b>	Township <b>7-S</b>	Range <b>32-E</b>	NMPM, <b>Roosevelt</b> County	

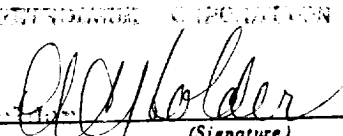
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Company</b>		Address (Give address to which approved copy of this form is to be sent) <b>Box 900, Dallas, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 300, Tulsa, Oklahoma 74102</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>25</b>	Twp. <b>7S</b>	Rge. <b>32E</b>
Is gas actually connected? <b>Yes</b>		When <b>12-16-68</b>		

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 Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod. <b>NO PRODUCTION SAME AS PREVIOUSLY REPORTED</b>	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				

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 <b>NO PRODUCTION SAME AS PREVIOUSLY REPORTED</b>	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 <b>NO PRODUCTION SAME AS PREVIOUSLY REPORTED</b>	Bbls. Condensate/MMCF	Gravity of Condensate
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.	
<b>HOLDER PETROLEUM CORPORATION</b>	
	(Signature)
<b>Holder</b>	(Title)
<b>9-15-72</b>	(Date)

OIL CONSERVATION COMMISSION	
APPROVED <b>SEP 1 1972</b>	, 19
Orig. Signed by <b>Joe D. Ramsey</b>	
BY <b>Dist. I, Supv.</b>	
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.	