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REQUEST FOR ALLOWABLE AND

MEXICO OIL CONSERVATION COMMISSIC Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS rporation Box 1476, Lovington, New Mexico 89260
Reason(s) for filing (Check proper box) Other (Please explain) Dry Gas Recompletion Oil Change in Ownership Condensate If change of ownership give name Kavanau Real Estate Trust, c/o Oil Reports & Gas Services and address of previous owner Box 763, Hobbs, New Mexico 88240 II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Lease No. State, Federal or Fee **Federal** Humble Federal 3 Chaveroo-San Andres -0533777A Location 1980 Feet From The North Line and 660 Feet From The East Unit Letter 7-8 32-E Roosevelt 26 Range , NMPM, Township County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Mobil Pipe Line Co. Box 900, Dallas, Texas Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Cities Service Oil Company Box 300, Tulsa, Oklahoma 74102 When Twp. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. Yes 32E R 25 78 12-16-68 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Oil Well Gas Well New Well Plug Back | Same Res'v. Diff. Res'v. Deepen Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded INFORMATION SAME AS PREVIOUSLY REPORTED Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE INFORMATION SAME AS PREVIOUSLY REPORTED 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test INFORMATION SAME AS PREVIOUSLY REPORTED Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test INFORMATION SAME AS PREVIOUSLY REPORTED Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED Orig. Signed by 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. les D. Rames BY. Dist. 1, Supv. HOLDER PETROLEUM CORPORATION TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. C. Holder (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. President (Title) 8-15-72

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.

(Date)

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