DISTRIBUTIO		 	Γ-
SANTA FE			
FILE			
U.S.G.S.			Г
LAND OFFICE			T
TRANSPORTER	OIL		Ī
	GAS		
OPERATOR			
PRORATION OF	FICE		$\prod_{i=1}^{n}$
Operator			
Silver N	ionume	nt	Mi
Address			
Box 1476	, Lov	ing	to
Reason(s) for filing	(Check	rope	r bo
New Well			

1-1-73

(Date)

DISTRIBUTION SALTA FE	1	AW MEXICO OIL CONSERVATION COMMISSIO Form C-10			
FILE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	REQUEST FOR ALLOWABLE Supersedes Old C-104 and			
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE	AOTHORIZATION TO TRA	THE CALL OF THE CALL	0.0		
TRANSPORTER GAS	7				
OPERATOR	-				
I. PRORATION OFFICE					
Operator					
Silver Monument M	inerals, Inc.				
Box 1476, Lovingt	on, New Mexico 88260				
Reason(s) for filing (Check proper b	ox)	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Go	is			
Change in Ownership X	Casinghead Gas Conder	nsate			
If the new of approaching give name	Walder Bakmalan Comme	matter Dam 1470 Toman	when New Members 99960		
If change of ownership give name and address of previous owner		ration, box 1476, LOVIN	gton, New Mexico 68200		
II. DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.		
Lease Name	7 Chaveroo-San		ral or Fee Federal NM-0533777		
Humble Federal	/ Chaveroo-san	Allares	rederal Na-00557777		
Location	60 Feet From The N	ne and 660 Feet From	. The		
Unit Letter;	60 Feet From The N Lin	ne and 660 Feet From	The #		
Line of Section 25	Township 78 Range	32 E , NMPM, ROO	sevelt County		
Line of Section 25	Township 10 Italige	,, INDU	507020		
III DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of	Oil X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
Mobil Pipe Line Comp		Box 900, Dallas, Texa	6		
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)		
Cities Service Oil C	ompany	Box 300, Tulsa, Oklah	oma 74102		
If well produces oil or liquids,	Unit Sec. Twp. Fige.	,	hen		
give location of tanks.	E 25 78 32E	Yes	12-16-68		
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:			
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comple	etion = (X)	1			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	INFORMATION SAME AS PREVIO	OUSLY REPORTED			
Elevations (DF, RKB, RT, GR, etc.	., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	INFORMATION SAME AS PREVIO	JSLY REPORTED			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow		
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Oil Run To Tanks	Date of Test INFORMATION SAME AS PREVIO		• • •		
	Tubing Preasure	Casing Pressure	Choke Size		
Length of Test	Tubing Freeze				
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF		
Actual Prod. During 1001	Si. 2515				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Ploa: 1651-1661/2					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
t satting to the control of the cont					
	ANCE	OIL CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIA	ANCE	1			
	ad namilablem of the Oil Companyation	APPROVED	17 1973 . 19		
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.		loe Digned by			
		Dies I c			
SILVER MONUMENT MINERALS, INC.		TITLE	Sist. I, Supp		
Λ / Λ.			andiene with mill # 1104		
(, V /X , / , // , // , // , // , // , //	(NO) / all all all all all all all all all a		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
- (4 (VIAC) COUR		II is able form must be secom	DEDIEG DA E SEDUIESTON OF SUA GASTATA.		
	Signature)	tests taken on the well in acc	cordance with RULE 111.		
President		All sections of this form t	must be filled out completely for allow		
	(Title)	able 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.