DISTRIBUTION SAFTA FE	REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	AUTHORIZATION TO T		NATURÄL GAS		
PRORATION OFFICE		·····	····		
Operator Silver Monument I	Linerals, Inc.				
Address	ton, New Mexico 88260			······································	
Reason(s) for filing (Check proper bo	-	Other (Pleas	e explain)		
New Well	Change in Transporter of: Oil Dry	Gas			
Recompletion Change in Ownership		densate			
lf change of ownership give name	Holder Petroleum Corpor	retion Boy 1478	lovington	Non Nort on G	9960
and address of previous owner	morder recipicam corpor	acton, box 1470,	Movington,	New mexico d	0200
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	; Formation	Kind of Lease		Lease No.
Humble Federal	8 Chaveroo-Sai	n Andres	State, Federal or F	•• Federal N	<b>M-0533777</b>
Location C . 660	Feet From The N	Line and 1980	Feet From The	w	
,,,,					
Line of Section 25 T	ownship <b>7 S</b> Range	32 E , NMPN	A, Roosevel	t	County
. DESIGNATION OF TRANSPOL	TER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of O		Address (Give address Box 900, Dell		opy of this form is to	oe sentj
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address	to which approved co		be sent)
Cities Service Oil Co	Unit Sec. Twp. Ege.	Box 300, Tuls		74102	· · · · · · · · · · · · · · · · · · ·
If well produces oil or liquids, give location of tanks.	<b>E</b> 25 78 321	e Yes	1	2-16-68	
If this production is commingled w COMPLETION DATA	with that from any other lease or poo	ol, give commingling orde	er number:		, 
Designate Type of Complet	ion - (X)	New Well Workover	Deepen Plu	g Back   Same Res'	v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.	
	OFORMATION SAME AS PREVI		Tub	ing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		bing Depth	
Perforations		ł	Der	oth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEM	ENT
	FORMATION SAME AS PREVI	IOUSLY REPORTED			
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must b	e after recovery of total vol	ume of load oil and m	ust be equal to or es	ceed top allow-
OIL WELL Date First New Oil Run To Tanks	able for this Date of Test	depth or be for full 24 hour Producing Method (Flo	s)		
	FORMATION SAME AS PREVI				
Length of Test	Tubing Pressure	Casing Pressure	Che	oke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Ga	- MCF	
l					
GAS WELL			-	nites at Canden -	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	Jr Gro	rvity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) Cho	oke Size	
		011			
I. CERTIFICATE OF COMPLIA	NCE	012	CONSERVATIO	7 1973	19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		on APPROVED	Orig. Signed by		
above is true and complete to the best of my knowledge and belief.		ef. BY			
BILVER MONUMENT MINERA	LIS, INC.	TITLE			
all the mention.			o be filed in comp quest for allowable	for a newly drille	d or deepened
	inature)	well, this form must tests taken on the	at be accompanied well in accordanc	by a tabulation of e with RULE 111	the deviation
President	Fitle)	All sections of able on new and r	f this form must be	filled out comple	tely for allow-
1-1-73	· · · · · · · · · · · · · · · · · · ·	Fill out only well name or numb	Sections T. II. III	, and VI for chan other such change	ges of owner, e of condition.
,		II ACT HEIRCOL HOURS	,		
(,	Date)	Separate Form	ns C-104 must be	filed for each po	ol in multiply