OF COPIES N. EIVES			
DISTRIBUTION ANTA FE		COMMISSIUM	Form C-104
ILE		JA ABLE	Supersed sciold C-104 and C- Effective 1-1-65
.S.G.S.		AND NATURAL (
LAND OFFICE		THE ARD NATURAL	GAS
TRANSPORTER			
GAS			
OPERATOR			
I. PRORATION OFFICE			
Monument Energy Con	moration		
Address	poration	· · · · · · · · · · · · · · · · · · ·	······
Box 1476, Lovington	1, New Mexico \$8260		
Reason(s) for filing (Check proper bo New Well		· · · · !ease explain)	
	Change in Transporter com	Change of name	
Change in Ownership	Casinghead Gas	Silver Monument	Minerals, Inc.
		· · · · · · · · · · · · · · · · · · ·	
If change of ownership give name and address of previous owner			
		· · · · · · · · · · · · · · · · · · ·	
. DESCRIPTION OF WELL AND	Well No. Pool Name, Fred Ride	Kind of Lease	
Atlantic State	1 Todd San Andres		Lease No.
Location			lor Fee State OG 174
Unit Letter	Feet From The South	2023 Feet From 7	The West
Line of Section 31 To	ownship 78 Pictaes 361	Reose	Velt County
DESIGNATION OF TRANSPOR	TED OF OUL AND MATTING		
Name of Authorized Transporter of OI.	1 or Condensate	address to which approv	ed conv of this form is to be send
Name of Authorized Transporter of Casinghead Gas 🗖 or Dry Or.		Box 900, Dallas, Texas 75221	
		address to which approved copy of this form is to be sent)	
Citic: Service Oil Con	#pany M	Inesand, New Mexico	
If well produces oil or liquids,	Unit Sec. Twp.	Whe	n
give location of tanks.	E 31 78 36E	Yes	
If this production is commingled wi	th that from any other lease or a	ing a fai number:	
. COMPLETION DATA	Oil Well	Deepen	
Designate Type of Completion	on = (X)	i seepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASENCE AND	۰ ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
HOLE SIZE		TECORD	
· · · · · · · · · · · · · · · · · · ·		SET.	SACKS CEMENT
		- · · · · · · · · · · · · · · · · · · ·	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test Make S	Jume of load oil a	nd must be equal to or exceed top allow
OIL WELL able for the second Date of Test		<pre>is the system of sold off and must be equal to or exceed top allow is the set of the system of</pre>	
		e i e ioω, pump, gas lijt	, etc.)
Length of Test	Tubing Pressure		Choke Size
Actual Prod. During Test	Oil-Bhls.		Gas-MCF
		i iki u taka kata kata kata kata kata kata ka	
GAS WELL Actual Prod. Test-MCF/D	Longth of Tool	Al \$ 60 at 10 at 1	
Actual Fiel. Test-MCF/D	Length of Test	an an an 12 Sa ⊂ F	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	a f short-in)	Choke Size
		····	CURA 2154
CERTIFICATE OF COMPLIANC	 CE	OU CONSERVAT	
I hereby certify that the rules and r	egulations of the Oil Conservation	, de Brit. Notae de la companya	
Commission have been complied with and that the information gates above is true and complete to the best of my knowledge and be added			Orig. Signed for
		 A construction of the Administration of the Administratio of the Administration of the Administration of the Administra	Orig. Signed by Joe D. Romey
MONUMENT KNERGY CORPORA	AT LON		Dist. I. Surv.
Maillin		Las form is to be filed in co	•
14 WIACHALL	³	the is a request for allowal	ble for a newly drilled or deepened
(Signature)			ed by a tabulation of the deviation
President		 See on the well in accordence 	ance with RULE 111. be filled out completely for allow-
(Title) April 11, 1974		tions of this form must	

~

April 11, 1974

(Date)

with only Sections I, II, III, and VI for changes of owner, where or aumber, or transporter, or other such change of condition.