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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
DECEMBER			ı

## NEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND

TION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110

U.\$.G.\$.	_ AUTHORIZATION TO TRA	MSPUR! OIL AND NATURAL	)N3		
LAND OFFICE					
IRANSPORTER GAS	_				
OPERATOR					
PRORATION OFFICE					
Operator	Not and Town				
Silver Monument	Minerals, Inc.				
Address	ten, New Mexico 88260				
Reason(s) for filing (Check proper bo		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Go	ıs 🔲			
Change in Ownership	Casinghead Gas Conde	nsate			
	Holder Petroleum Corpora	tion, Box 1476, Lovingto	on, New Mexico 88260		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Cormation Kind of Lea	Lease No.		
Lease Name Tucker Hall	1 Chaveroo-San		al or Fee <b>Fee</b>		
	2 02.000				
Location O 66	O Fact From The Lit	ne andFeet From	The <b>E</b>		
Unit Letter;;	Feet From TheLin	ne dnu			
<b>25</b>	ownship <b>7 S</b> Range	32 E , NMPM, ROOS	evelt County		
Line of Section T	Ownship				
	RTER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of	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	8		
Name of Authorized Transporter of C	Casinghead Gas 🔼 or Dry Gas 🗔	1	Address (Give address to which approved copy of this form is to be sent)		
Cities Service Oil C		Box 300, Tulsa, Oklah	oms. 74102		
	Unit Sec. Twp. Rge.		Then		
If well produces oil or liquids, give location of tanks.	J 25 78 32E	Yes	5-26-70		
		give commingling order number:			
If this production is commingled	with that from any other lease or pool	, give comminging order news			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v		
Designate Type of Comple	tion = (X)				
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Date Spudded	SAME AS PREVIOUSLY REPOR	RTED			
	- I I I Franklon	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.	, Name of Francis				
			Depth Casing Shoe		
Perforations					
	TURING CASING A	ND CEMENTING RECORD			
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE		PAREN			
INFORMATION	SAME AS PREVIOUSLY REPOR	MIED			
		A	oil and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	depth or be for full 24 nours)			
OH. WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Oil Run To Tanks	T   1   1				
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	I dom'd Liesema				
		Water-Bbls.	Gas - MCF		
Actual Prod. During Test	Oil-Bbls.				
GAS WELL	All of Mark	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test		i I		
	1	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cdsing Piessare (			
			MATION COMMISSION		
VI. CERTIFICATE OF COMPLI	ANCE	OIL CONSER	VATION COMMISSION		
VI. CERTIFICATE OF COMED		∥ JAN	<u> </u>		
e to all and the the enter t	and regulations of the Oil Conservation	on APPROVED	<del></del> - ·		
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.		en   Orio 9	Orio Sianate		
		los D	Orig. Signed by  Joe D. Ramey		
		TITLEDist	TITLE Joe D. Ramey		
OLLYDA MUNUMBALI MINDA	<del></del>	136.1	TITLE Dist. I, Supv.  This form is to be filed in compliance with RULE 1104.		
SILVER MONUMENT MINERALS, INC.		This form is to be med	This form is to be filed in compliance with RULE 1104.		

(Signature)

(Title)

(Date)

A. C.

President

1-1-73

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.