NO. OF COPIES REC	EIVED	1	
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

## IEW MEXICO OIL CONSERVATION COMMISSI

Form C-104

	SANTA FE	1	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-116			
	AND  U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL					Effective 1-1-65				
	LAND OFFICE	+	AUIH	IORIZATION TO TRA	AS					
	TRANSPORTER OIL									
	GAS OPERATOR	-								
1.	PRORATION OFFICE									
••	Operator									
		Holder Petroleum Corporation								
	Box 1476, Lovington, New Mexico 88260									
	Reason(s) for filing (Check proper box)  Other (Please explain)									
	New Well Change in Transporter of:									
	Recompletion		Oil	Dry Go	ıs 🔲					
	Change in Ownership		Casingh	ead Gas Conde	nsate 📗 📗					
	If change of ownership give na and address of previous owner			Real Estate Trus		Reports & Gas	Services			
[].	Box 763, Hobbs, New Mexico 88240  DESCRIPTION OF WELL AND LEASE									
	Lease Name		!	Pool Name, Including F	_	Kind of Lease State, Federal	Lease No.			
	Tucker-Hall		5	Chaveroo-San	ADGRES	State, 1 edetal	or ree Fee			
	<b>A</b>	660	Foot F	rom The North Lin	ne and <b>660</b>	Feet From T	ha Bast			
	Unit Letter;		_ reerri	Iom TileEn	ie unu	r eet 1 tom 1				
	Line of Section 25	Township	, <b>7</b> -	- <b>S</b> Range	32-E	, NMPM, ROOSE	velt County			
III.	DESIGNATION OF TRANSI	PORTER	OF OII	L AND NATURAL GA	Address (Give a	ddress to which approv	ed copy of this form is to be sent)			
	Mobil Pipe Line C				Box 900. I	Dallas, Teras				
	Name of Authorized Transporter of		ad Gas [	or Dry Gas	Address (Give a	Address (Give address to which approved copy of this form is to be sent)				
	Cities Service Oi	1 Compa	my			Mulsa, Oklahom	n 76102			
	If well produces oil or liquids,	Uni	_ '	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Is gas actually					
	give location of tanks.	<u> </u>		15 78 328	Yes		-26-70			
TV	If this production is commingle COMPLETION DATA	ed with the	at from a	any other lease or pool,	give commingling	ng order number:				
A V .				Oil Well Gas Well	New Well Wo	rkover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Comp									
	Date Spudded			Ready to Prod.  SAME AS PREVIO	Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, e			ducing Formation	Top Oil/Gas Pa		Tubing Depth			
	Lievations (Dr., RRB, R1, GR, e	re.)	01 1 10	auding . dimailen		•				
	Perforations				<u> </u>		Depth Casing Shoe			
				TUBING, CASING, AN		RECORD PTH SET	SACKS CEMENT			
	HOLE SIZE	INFO		IG & TUBING SIZE			SACKS CEMENT			
					<u> </u>		<u> </u>			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	INFORMATION SAME AS PREVIOUSLY REPORTED									
	Length of Test	Tub	ing Pres	sure	Casing Pressure	•	Choke Size			
	Actual Prod. During Test	011	- Bbls.		Water - Bbls.		Gas - MCF			
	Actual Prod. During 1000	0	- 22.21							
	GAS WELL									
	Actual Prod. Test-MCF/D		gth of Te	et I Same as previg	Bbis. Condenso		Gravity of Condensate			
	Testing Method (pitot, back pr.)			sure (Shut-in)	Casing Pressure		Choke Size			
	lesting Method (phot, back pri)			(						
VI	CERTIFICATE OF COMPI	ERTIFICATE OF COMPLIANCE				OIL CONSERVA	TION COMMISSION			
V 1.	CERTIFICATE OF COMILE					CED	1 1972			
	I hereby certify that the rules	and regul	ations o	f the Oil Conservation	APPROVED					
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Orig. Signed by Joe D. Ramey						
	HOLDER PETROLEUM CORPORATION			Joe D. Ramey TITLE Dist. I, Supv,						
				II		. (1311, 3UPV,				
	(D) (M) Mal All X					ompliance with RULE 1104.				
	A. C. Holder	C. Helder (Signature)			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					
	President				tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-					
	0.18.55	(Title)			able on new	and recompleted we	lls.			
	8-15-72				Fill out only Sections I, II, III, and VI for changes of owner,					

(Date)

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.