NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
SOCRATION OF			

Ш.

IV.

- 1	DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104			
- 1	REQUEST FOR ALLOWABLE			LE	Supersedes C Effective 1-1)ld C-104 and C-110 -65		
- }	FILE	-			AND			
- 1	U.S.G.S.	 	AUTHO	RIZATION TO TRA	NSPORT OIL AI	ND NATURAL G	SAS	
	LAND OFFICE							
1	TRANSPORTER OIL							
	GAS							
	OPERATOR							
1 . [PRORATION OFFICE							
	Operator		-					
ı	Monitor Petr	coleum	Corporati	on				
ł	Address							
	c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico							
}	Reason(s) for filing (Check p					lease explain)		
- 1	New Well	,	Change in	Transporter of		• •	÷	
ļ			Change in Transporter of: Oil Dry Gas Effective June 1, 1969					
	Recompletion		Oil					
Į	Change in Ownership		Casinghead Gas Condensate					
	change of ownership give name deaddress of previous owner							
11.	ESCRIPTION OF WELL AND LEASE							
1	Lease Name		Well No.	Pool Name, Including Fo		Kind of Lease	-	Lease No.
	Tucker Hall		5	Chaveroo San	Andres	State, Federa	lor Fee Fee	
	Location							
	A	: 66	0	om The North Lin	e and 660	Foot From 1	The East	ļ
	Unit Letter A	:	Feet Fro	om ine work Lin	e ana <u>ugo</u>	reetriom	1110	
	Line of Section 25	_	nship 7	S Banas	32 E , N	IMPM, ROOSE	velt	County
	Line of Section 43	10M	nship	Range	<u> </u>	WIT IN,		,
					•			
Ш.	DESIGNATION OF TRA	NSPORT	ER OF OIL		Address (Cive add	ress to which approx	ved copy of this form is	to be sent)
	Name of Authorized Transpo	_		ondensate 🗀	1			10 00 00
	Mobil Pipe Line				Box 900,	Dallas, Tex	A8	
	Name of Authorized Transpo	rter of Cas	inghead Gas	or Dry Gas	Address (Give add	ress to which appro	ved copy of this form i	to be sent)
ļ	and the state of t		Unit Sec	. Twp. Rge.	Is gas actually con	nnected? Whe	en	
	If well produces oil or liquid give location of tanks.	ıs,	3 2	25 7 8 32 E	No	!		
					<u> </u>			
	If this production is commi	ingled with	h that from ar	ny other lease or pool,	give comminging	order number:		· · · · · · · · · · · · · · · · · · ·
IV.	COMPLETION DATA			Dil Well Gas Well	New Well Works	over Deepen	Plug Back Same R	es'v. Diff. Res'v.
	Designate Type of C	ompletio		,	1	•		!
					Total Dark	i	P.B.T.D.	i
	Date Spudded		Date Compl. F	Ready to Prod.	Total Depth		F.B. 1.D.	
	Elevations (DF, RKB, RT, C	GR, etc.j	Name of Prod	ucing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations						Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE		CASING	& TUBING SIZE	DEP	TH SET	SACKS C	EMENT
	11011							
					 		+	
			l <u> </u>		<u> </u>			
V.	TEST DATA AND REQ	UEST FO	OR ALLOWA	BLE (Test must be a	fter recovery of tota	l volume of load oil	and must be equal to o	r exceed top allow-
	OII. WELL							
	Date First New Oil Run To Tanks Date of Test			Producting Marriog (1.50m) brush, San sales acres				
							Choke Size	
	Length of Test		Tubing Press	sure	Casing Pressure		Chore Size	
	Actual Prod. During Test		Oil-Bbis.		Water-Bbls.		Gas - MCF	
			1			_		
			I		<u> </u>			
	CAC HIET I							
	GAS WELL Actual Prod. Test-MCF/D		Length of Te		Bbis. Condensate	/MMCF	Gravity of Condense	ite
	Actual Prod. 1981-MCF/D		Length of 10	- '				
			 	7.5	Casing Pressure	Chut-in)	Choke Size	
	Testing Method (pitot, back	: pr.)	Tubing Press	we (Shut-in)	Cosing Pressure (Bude-rm)	Choke Size	
			l		ļ			
VI	CERTIFICATE OF CO	MPLIANO	CE			IL CONSERVA	ATION COMMISSI	ON
V 1.	CERTIFICATE OF CO					•	المستعلل	
				the Oil Companyation	APPROVED			_, 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.				BY The			
				BY				
	and to the and combined to the control of the contr							
				TITLE	<u> </u>			
	,	. 1	ø.		This form	is to be filed in	compliance with Ru	LE 1104.
	Th. Lamith			This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation				
(Signature)			tests taken or	tests taken on the well in accordance with RULE 111.				
	Agent				All sections of this form must be filled out completely for allow-			
	<u> </u>	(Ti			able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,			
		6/2	6/69		Fill out	only Sections I, I	II. III, and VI for ci	nanges of owner, inge of condition
		ite)		well name or number, or transporter, or other such change of condition.				

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.

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