

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHAMPLIN PETROLEUM COMPANY

Address
420 Henry Ford Avenue, Wilmington, CA 90744

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

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OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 44-2	Well No. 1	Pool Name, Including Formation Rio Puerco Undesignated-Mancos	Kind of Lease State, Federal or Fee Federal	Lease No. NM-37548
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East Line of Section 2 Township 20N Range 3W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN Corp. Permian (EN. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 2	Twp. 20N	Rge. 3W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


J.B. Vering (Signature)
District Production Manager (Title)
7/18/84 (Date)

OIL CONSERVATION DIVISION

JUL 20 1984, 19
APPROVED
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/4/84	Date Compl. Ready to Prod. 6/21/84	Total Depth 4753'		P.B.T.D. 4709'					
Elevations (DF, RKB, RT, CR, etc.) GR 6926	Name of Producing Formation Mancos	Top Oil/Gas Pay 4550'		Tubing Depth 4477'					
Perforations 4550' - 4630'							Depth Casing Shoe 4750'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		256'		200				
8-3/4"	7"		4070'		1195				
6-1/4"	4-1/2"		4750'		125				
	2 3/8"		4477'						

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)

Date First New Oil Run To Tanks 6/6/84	Date of Test 7/7/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure 35 psig	Casing Pressure 35 psig	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 128	Water - Bbls. 0	Gas - MCF 21

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size