

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
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 08-01-83  
Page 1

3046 IN

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)

If change of ownership give name and address of previous owner N/A

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>FEDERAL 22-1</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Rio Puerco Mancos</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>NM37548</b>
Location Unit Letter <b>8F</b> : <b>1650</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>WEST LINE</b> Line of Section <b>1</b> Township <b>20N</b> Range <b>3W</b> , NMPM, <b>SANDOVAL</b> 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"/> <b>PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1702 , FARMINGTON, N.M. 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>N/A</b>	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 <b>N</b> Sec. <b>1</b> Twp. <b>20N</b> Rge. <b>3W</b>	Is gas actually connected? <b>NO</b> When

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

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.

**W. A. Whitmire**  
W. A. Whitmire (Signature)  
Staff Engineer  
**APRIL 16, 1985**  
(Date)

OIL CONSERVATION DIVISION  
**5-23-85**  
APPROVED **MAY**, 19  
BY **Original Signed by FRANK T. CHAVEZ**  
SUPERVISOR DISTRICT **3**  
TITLE

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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded Jan. 24, 1985	Date Compl. Ready to Prod. April 7, 1985		Total Depth 5087'		P.B.T.D. 5047'				
Elevations (DF, RKB, RT, GR, etc.) 7020 GR 7031 KB	Name of Producing Formation MANCOS SH.		Top Oil/Gas Pay 4598'		Tubing Depth 4956'				
Perforations 4617-4997						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		515'		CMT. TO SURFACE 440cf				
8-3/4"	7"		4230'		CMT. 2205 Cu. Ft.				
6-1/4"	4-1/2"		5087'		CMT. 347 Cu. Ft.				
	2"		4956'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 APRIL 7, 1985	Date of Test APRIL 12, 1985	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size N/A
Actual Prod. During Test 32 BOPD	Oil - Bbls. 32	Water - Bbls.	Gas - MCF

#### GAS WELL

Actual Prod. Test - MCF/D N/A	Length of Test	Bbls. Condensate (MCF) <del>1.2</del>	Gravity of Condensate
Testing Method (plot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size