

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

3114/12
12-18-83

RECEIVED

Operator Southern Union Exploration

Address P.O. Box 2179, Farmington, NM 87499

OCT 18 1983

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

if change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Champlin Federal	Well No. #1	Pool Name, including Formation Lower Bisti Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM-31311
Location				
Unit Letter	D	660'	Feet From The North Line and	660'
			Feet From The West	
Line of Section	11	Township	25N	Range
			13W	NMPM, San Juan
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation Permian (Eff. 9/1/76)	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1702, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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	Sec.	Twp.
		11	25N 13W
			Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	8-26-83	Date Compl. Ready to Prod.	9-28-83	Total Depth	5025'	P.B.T.D.	5004'	
Elevations (DF, RKB, RT, GR, etc.)	6293' G.L.	Name of Producing Formation	Tocito Sand	Top Oil/Gas Pay	4906'	Tubing Depth	4926'	
Perforations	4906' - 4916', 26 shots						Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8", 32.0#	296'	265 cuft
7 7/8"	5 1/2", 15.5#	5025'	1233 cuft
7 7/8"	2 3/8"	4926'	

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	9-15-83	Date of Test	10-10-83	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 Hrs.	Tubing Pressure	10 psi	Casing Pressure	15 psi
Actual Prod. During Test		Oil-Bbls.	12	Water-Bbls.	0
				Gas-MCF	9

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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

Michael L. Davis
(Signature)
San Juan Division Mgr.
(Title) San Juan Div. Mngr.
October 17, 1983
(Date) October 17, 1983

OIL CONSERVATION DIVISION

APPROVED _____

OCT 20 1983

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.