

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

3156 IN 1
3008 IN 2
Form C-104
Revised 10-01-78
Format 06-01-83
Page 1
RECEIVED
NOV 29 1984
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator CHAMPLIN PETROLEUM COMPANY	
Address 420 HENRY FORD AVENUE, WILMINGTON, CALIFORNIA 90744	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 33-29	Well No. 1	Pool Name, including Formation Bisti-Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. NM22592
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 29 Township 25N Range 11W , NMPM, San Juan 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 Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 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 N	Sec. 29	Twp. 25N	Rge. 11W	Is gas actually connected? NO	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.


J.B. Vering (Signature)
District Production Manager
11/20/84 (Date)

OIL CONSERVATION DIVISION
APPROVED APR 8 1985
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 X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-30-84	Date Compl. Ready to Prod. 11-13-84		Total Depth 5032'		P.B.T.D. 4943'				
Elevations (DF, RKB, RT, GR, etc.) KB 6498'	Name of Producing Formation Gallup		Top Oil/Gas Pay 4900'		Tubing Depth 4907'				
Perforations 4900' - 4908' and 4925' - 4933'						Depth Casing Shoe 5032'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"		540'		360 Sacks				
8-3/4"	5-1/2"		5032'		525 - 516 Sacks				
	2-7/8"		4907'						

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 Nov. 13, 1984	Date of Test 11/13 to 11/14	Producing Method (Flow, pump, gas lift, etc.) Pumped	
Length of Test 24 Hours	Tubing Pressure --	Casing Pressure --	Choke Size N/A
Actual Prod. During Test 80.84'	Oil - Bbls. 80.84'	Water - Bbls. --	Gas - MCF --

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