

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I.

Operator
Champlin Petroleum Company
Address
300 Wilco Building Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32-7-33 Unit	Well No. 15	Pool Name, Including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-2784-2
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 32 Township 7-S Range 33-E , NMPM, Roosevelt 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900 Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma			
If well produces oil or liquids, give location of tanks. B	Unit 32	Sec. 7-S	Twp. 33-E	Rge. 11-28-76
Is gas actually connected? Yes		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-7-76	Date Compl. Ready to Prod. 11-28-76	Total Depth 4495	P.B.T.D. 4446					
Elevations (DF, RKB, RT, GR, etc.) 4435 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4241	Tubing Depth 4392					
Perforations 4241 - 4380	Depth Casing Shoe 4493							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	1945	850					
7-7/8"	4-1/2"	4494	300					
4-1/2" casing	2-3/8"	4392						

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)

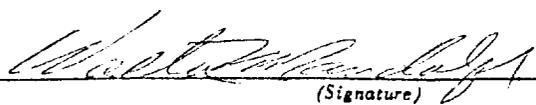
Date First New Oil Run To Tanks 12-2-76	Date of Test 12-6-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 60	Casing Pressure 60	Choke Size
Actual Prod. During Test	Oil-Bbls. 40	Water-Bbls. 70	Gas-MCF 39

GAS WELL

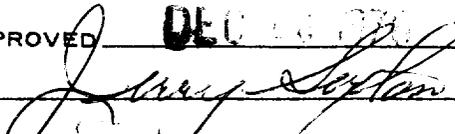
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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.


(Signature)
District Clerk
(Title)
December 14, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19____
BY _____
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.