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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 O-10;  
 Supersedes O.C.C. 109 and C-110  
 Effective 1-1-66

**HOBBS OFFICE O. C. C.**  
**Nov 16 11 56 AM '66**

Operator: Champlin Petroleum Company Non-Operator: Warren American Oil Company

Address: P. O. Box 1797, Midland, Texas

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

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" 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 <u>Levick-State "1"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Chaveroo-San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-8633</u>
Location				
Unit Letter <u>H</u>	<u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>1</u>	Township <u>8-S</u>	Range <u>32-E</u>	<u>NMPM</u> , <u>Chaves</u> County	

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Mobil Pipe Line Company</u>	<u>P. O. Box 900, Dallas, Texas</u>
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 <u>G</u> Sec. <u>1</u> Twp. <u>8-S</u> Rge. <u>32-E</u> Is gas actually connected? <u>No</u> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Somehow	Diff. Res'v.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
Perforations		Depth Casing Shoe						

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	STOPS CEMENT

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Check Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pt.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Check 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.

P. F. Chan  
 (Signature)  
 Engineer  
 (Title)  
 November 15, 1966  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with Rule 1104.  
 If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a copy of the deviation tests taken on the well in accordance with Rule 1104.  
 All sections of this form must be filled out completely for allowance on new and recompleted wells.  
 Fill out only Section 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.  
 Separate Forms O-109 must be filed for each well in multiple completed wells.