## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	OM		T
SANTA PE			Т
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		

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

3 0 0 7 5 1 9 8 6

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

1.	UTHORIZATION TO TRANS	PORT OIL	AND NATU	RAL GAS		
CHAMPLIN PETROLEUM COMPANY						
420 Henry Ford Avenue, Wilm	ington, CA 90744					<del></del>
Reeson(s) for filing (Check proper box)			Other (Please	explain)		<del></del>
New Well C	hange in Transporter of:			•		
Recompletion		ry Gas				
Change in Ownership	Casinghead Gas C	ondensate		· · · · · · · · · · · · · · · · · · ·		
If change of ownership give name and address of previous ownerN	/A					
II. DESCRIPTION OF WELL AND LEAS	SE					
1	ell No. Pool Name, lactuding F	ormation		Kind of Lease		Lease No.
Federal 24-11	1 United that ed	- Manco	S	State, Federal or Fee Fe	deral	Ni1-39532
Location	<b>6</b>		• • • •			
Unit Letter N : 930 F	eet From The South Lin	e and	1980	_ Feet From TheW	est	
Line of Section 11 Township	20N Range	3W	, NMPM	. Sandoval		County
III. DESIGNATION OF TRANSPORTE	R OF OIL AND NATURAL	GAS				
Name of Authorized Transporter of Oil	or Condensate	Address (	Give address t	o which approved copy of this	s form is to	be sent)
PERMIAN CORP.	Permian (Eff. 9 / 1 /87)	P.O. I	Box 1702,	Farmington, NM	87401	
Name of Authorized Transporter of Casinghead N/A	Gas or Dry Gas	Address (	Give address t	o which approved copy of this	s form is to	be sent)
Linu	Sec. Twp. Rgs.	ls gas get	ually connecte	nd? When		
If well produces oil or liquids, give location of tanks.	11 20N 3W		No	1 .		
If this production is commingled with that f	rom any other lease or pool,	give comm	ingling order	number: N/	A	
NOTE: Complete Parts IV and V on re-	verse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE			OIL C	ONSERVATION DIVIS	ION	
Thombs could be also also and appropriate of the	Oil Commission Division has			JUL 2 0 19	184	
I hereby certify that the rules and regulations of the been complied with and that the information given i		APPRO			,	19
my knowledge and belief.	_	BY		riginal Signed by FRANK T.	<u>. Chavez</u>	
		TITLE		SUPERVISOR DISTRICT	<b>¥</b> 3	
	1	Thi	s form is to	be filed in compliance wi	ith RULE	1104.
J.B. Vering Signature)		If the well, the	his is a requ is form must	est for allowable for a new be accompanied by a table	wly drilled ulation of	d or deepened the deviation
District Production Mana	(Title) All sections of this form must be filled out completely for allow-					
7/18/84 (Date)		Fill	out only Se	ompleted wells. ections I. II. III, and VI	for chang	es of owner,
/ / (Date)		Sepi	arate Forms	or transporter, or other suc C-104 must be filed for	_	
	11	complete	a Melig.			

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Designate Type of Completic	on – (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res's
Date Spudded	Date Compl. Ready to	Prod.	Total Depti	<del></del>	<del></del>	P.B.T.D.	<del></del>	<u> </u>
4/24/84 6/25/84		4450'			4317'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top OII/Go	s Pay		Tubing Depth		
KB 6878	Mancos		4180'			4105'		
Perforations 4180 ' - 42	38'					Depth Cast	4450'	<del></del>
	TUBING,	CASING, AN	D CEMENTI	NG RECORE	<u> </u>		<del></del>	
HOLE SIZE	CASING & TUB	ING SIZE		DEPTH SE	T	S/	CKS CEMEN	IT
12-1/4"	9-5/8	3"		536'			350	
8-3/4"	7"			36981			920	
6-1/4"	4-1/2	<u>-</u>		4450'			125	
	23/8		1	4105		1	<del> </del>	

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 allow-OIL WELL

able for this depth or be for full 24 hours)

OIL WILL						
Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump,	Producing Method (Flow, pump, gas lift, etc.)			
5/26/84	7/8/84	Pump				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24 Hours	35 psig	35 psig	N/A			
Actual Prod. During Test	Oil - Bhis.	Water - Bbis.	Gas - MCF			
	37	0	23			

_	•	~	SELECT T	
(Ť	•	•	WELL.	

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