	-	4/	~~	
- 1	NO. OF COPIES RECEIVED	// // // // // // // // // // // // //		
				L
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-
	FILE     V		AND	Effective 1-1-65
	U.S.G.S.	AUTHODIZATION TO TO	ANSPORT OIL AND NATURAL	CAS
	LAND OFFICE	AUTHORIZATION TO TRA	AND ON TOLE AND MATURAL	- CAS
	OIL		RE	CEIVED
	TRANSPORTER			
	GAS			MAR 8 1976
	OPERATOR (1)		· · · · · · · · · · · · · · · · · · ·	MAR 8 19/6
I.	PRORATION OFFICE			
	Operator			o. c. c.
	Champlin Petroleum Company - ARTERIA. OFFICE			
	Address			RIEBIA, G.
	701 Wilco Building Midland, Texas 79701			
			161 (0)	······································
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion X	Oil Dry Go	ıs 🛄	
	Change in Ownership	Casinghead Gas Conde	nsate	
	If change of ownership give name			
	and address of previous owner	·		
11.	DESCRIPTION OF WELL AND I	LEASE	Transfer of the	To No.
	Lease Name	Well No. Pool Name, Including F	i	_
	Reeves-Federal	l East Carlsbad	(Wolfcamp) Gas State, Fede	eral or Fee Federal NM14768-
	Location			
	200		1000	m The East
	Unit Letter B; 660	Feet From The North Lin	ne and 1900 Feet rio	mine
	-		07 T	111
	Line of Section 35 Township 21-S Range 27-E , NMPM, Eddy County			
			•	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which app	roved copy of this form is to be sent)
	   The Permian Corporation	Permian (Eff. 9 / 1 /87)	Box 1183, Houston, Te	exas 77001
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas		roved copy of this form is to be sent)
	1			
	El Paso Natural Gas Con		<del> </del>	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When
	give location of tanks.	B 35 21-S 27-E	Yes	2-25-76
	Trati	h that from env other lease or pool.	give commingling order number:	
IV	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA			
1 ♥ .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Designate Type of Completio	on - (X)		x
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spadded Plug back	Date Compi. Reday to Prod.		
	started 2-13-76	2-25-76	12,000	9750
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3114 GR	Wolfcamp	9599	9580
	Perforations 9599, 9622, 963	Wolfcamp 24, 9662, 9668, 9675, 9684,	9698 9702 9705 9721	Depth Casing Shoe
			9125	11.998'
	9599 - 9725	THRING CASING AN	D CEMENTING RECORD	
				CACVE CENEUT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	17-1/2"	13-3/8"	450	475
	12-1/4"	9-5/8"	2561	1100
	8-3/4"	7''	12,000	680
	7" csg.	2-7/8"	9580	
			<u> </u>	oil and must be equal to or exceed top all
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load c epth or be for full 24 hours)	oit and must be equal to or exceed top and
	OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)
	Date First New Oil Run To Tanks	Date of Test	Producting Mannes (1 100), Pamp, Bar	
				Lobaba Sign
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	1			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
		1	1	
	1	<u> </u>		
	GAS WELL		Tall 6 1 2 2 2 2	Co-1100 -1 Co-12
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	637	24 hours	33	56 <sup>o</sup>
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		2692 (30 hrs.)	Sealed	3/4
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	

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

March 5, 1976

(Title) (Date)

SUPERVISOR, DISTRICT I

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 allow able 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