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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-110
Effective 1-1-65

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JUL 10 1978

Operator Champlin Petroleum Company ✓		O.C.C. ARTESIA, OFFICE
Address 300 Wilco Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "36"	Well No. 2	Pool Name, including Formation East Carlsbad-Morrow Gas	Kind of Lease State, Federal or Fee	Lease No. L-5038
Location Unit Letter: C; 660 Feet From The North Line and 1980 Feet From The West Line of Section 36 Township 21-S Range 27-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (EN 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 C	Sec. 36	Twp. 21S	Rge. 27E
Is gas actually connected?	When 7/9/78			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-21-78	Date Compl. Ready to Prod. 7-7-78	Total Depth 11,800'	P.B.T.D. 11,709'					
Elevations (DF, RKB, RT, GR, etc.) 3111' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 11,635'	Tubing Depth 11,530'					
Perforations 11,635-11,657'	Depth Casing Shoe 11,798'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		495'		600			
12-1/4"	8-5/8"		2,600'		1750			
7-7/8"	5-1/2"		11,800'		1000			

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

GAS WELL

Actual Prod. Test-MCF/D 245	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2700#	Casing Pressure (shut-in) sealed	Choke Size

VI. 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.

Walter M. Davis
(Signature)
District Clerk

7/10/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED 7/11, 19 78
BY Mike Williams
TITLE OIL AND GAS INSPECTOR

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 multiple