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HO. OF COPIES RECEIVED		L	ے
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SANTA FE			
FILE			2
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/_	
	GAS		
OPERATOR		1	
PRORATION OFFICE		Ľ	
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRAN		AL GAS			
LAND OFFICE POIL /							
1	TRANSPORTER GAS /						
ŀ	OPERATOR /	1979 NB 21 1979					
1.	PRORATION OFFICE						
	Champlin Petroleum Company Com						
}	Address						
		idland, Texas 79701	101 (0)				
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of: Oil Dry Gas					
	Recompletion Change in Ownership	Casinghead Gas Condens	ate 🗍				
	Change in Ownership						
	If change of ownership give name and address of previous owner						
		7.07					
Л.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For		<u> </u>			
	E.J. Garner	1 East Carlsbad-	Morrow State, F	Federal or Fee Fee			
	Location		000	Fact			
	Unit Letter P ; 660	Feet From The South Line	and 990 Feet	From The <u>EdSt</u>			
	Line of Section 26 Town	nship 21-S Range 27	'-E , NMPM, E	ddy County			
	Line of Section 20 Town	isnip Z1-3 Hange Z7					
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Give address to which	approved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate X	X20.055 0 00 = ===				
	The Permian Corporation Name of Authorized Transporter of Cast	inghead Gas or Dry Gas X	Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas Comp	· - /	Box 1492, El Paso, Texas 79999				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.	P 26 21-S 27-E	Ho 125	1 3-/3-79			
	If this production is commingled with	h that from any other lease or pool, g	give commingling order numbe	r:			
NV.	COMPLETION DATA		New Well Workover Deep	Diff Banks			
	Designate Type of Completion		X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12-7-78	2-18-79	11,800	11,624 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	11.400			
	3140 GR	<u>Morrow</u>	1 11,471	Depth Casing Shoe			
	Perforations			11,799			
	11,471 - 11,616'	TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	17 1/2"	13 3/8"	450	1950 1400			
	11"	8 5/8"	2605 11.800	1250			
	7 7/8"	7 7/8" 5 1/2"					
	The state of the s	OR ALLOWARIE (Test must be a	fter recovery of total volume of l	oad oil and must be equal to or exceed top allo			
V	. TEST DATA AND REQUEST FOOL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas 1,1, 0.00,			
			Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
	Actual Float Samy						
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	0	0			
	913 Testing Method (pitot, back pr.)	20 hrs. Tubing Pressure (shut-in)	Cosing Pressure (Shut-in)	Choke Size			
	Ĭ	1150	Sealed	13/64			
	Back Pressure 1150 VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
to and regulations of the Oil Conservation		MAR 1 0 1070					
		APPROVED 1579					
I hereby certify that the fules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY				
			TITLE SUPERVISOR, DISTRICT II				
			mit for in to be f	ited in compliance with RULE 1104.			
	Wortner	Sulol					
Mother Managet		If this is a request for allowable to a tabulation of the deviati					

WalterMandalpl
(Signature)
District Clerk

(Title)

February 21, 1979

(Date)

well, this form must be accompanied by a tabulation of 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 owne well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multip completed wells.