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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE
RECEIVED BY
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 22 1985
O. C. D.
ARTESIA, OFFICE

Operator Canon Energy, Inc. ✓	
Address 13140 Coit Road, Suite 505, Dallas, Texas 75240	
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 type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Flow & Swab Test Allowable, Operator will give up Operations in this Zone. For Month of July, 1985	
79 BD Bone Springs 3712 3453	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Canon Champlin Federal	Well No. 1	Pool Name, Including Formation Wildcat - Bone Spring	Kind of Lease State, Federal or Fee Federal	NM Lease No. 25345-A
Location Unit Letter M ; 600 Feet From The South Line and 700 Feet From The West Line of Section 31 Township 21-S Range 25-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, Texas 79702					
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 M	Sec. 31	Twp. 21-S	Rge. 25-E	Is gas actually connected?	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5-25-85	Date Compl. Ready to Prod. 7-4-85		Total Depth 3860'		P.B.T.D. 3806'			
Elevations (DF, RKB, RT, GR, etc.) 3680'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 3640'		Tubing Depth 3624'			
Perforations 3,712' to 3,753' (overall)					Depth Casing Shoe 3860'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		205'		200 Sx			
12 1/2"	8 5/8"		1,500'		1,300 Sx			
7 7/8"	5 1/2"		3,860'		600 Sx			

V. 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 6-13-85	Date of Test 7-4-85 (Last Swab)	Producing Method (Flow, pump, gas lift, etc.) Flow & Swab	
Length of Test Several Days (21 days)	Tubing Pressure 0	Casing Pressure 0	Choke Size Open
Actual Prod. During Test 79	Oil-Bbls. 79	Water-Bbls. 550	Gas-MCF No measurement

GAS WELL

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

J. C. Raney

(Signature)

Consulting Engineer

(Title)

July 19, 1985

(Date)

OIL CONSERVATION COMMISSION

JUL 23 1985

APPROVED _____, 19 _____

BY _____ Original Signed By

Mike Williams

TITLE _____ Oil & 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 multiply completed wells.