

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 12 1984
OIL CON. DIV.
DIST. 3

Operator
SOUTHERN UNION EXPLORATION COMPANY
Address
P. O. BOX 2179 FARMINGTON, NEW MEXICO 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name CHAMPLIN FEDERAL	Well No. 3	Pool Name, including Formation BISTI LOWER GALLUP	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 31311
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line of Section <u>10</u> Township <u>25N</u> Range <u>13W</u> . NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation Permian (Est. 9/1/84)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 FARMINGTON, N.M. 87499					
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 A	Sec. 10	Twp. 25	Rge. 13	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

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 1-9-84	Date Compl. Ready to Prod. 2-9-84	Total Depth 5056'	P.B.T.D. 5013'					
Elevations (DF, RKB, RT, CR, etc.) 6307 G.L.	Name of Producing Formation Tocito (L. Gallup)	Top Oil/Gas Pay 4912-4921	Tubing Depth 4966'					
Perforations 4912-4921, 18 shots			Depth Casing Shoe 5050'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14 3/4	10 3/4, 40.5#	266'	325 cu ft CL B
9 7/8"	7 5/8", 29.7#	1560'	295 cu ft CL B
6 3/4	4 1/2", 10.5#	5056'	230 cu ft 50/50 poz
	2 3/8	4966'	

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)

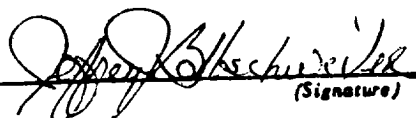
Date First New Oil Run To Tanks 3-5-84	Date of Test 3-7-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hr	Tubing Pressure 12 psi	Casing Pressure 12 psi	Choke Size
Actual Prod. During Test 16	Oil-Bbls. 16 BO	Water-Bbls.	Gas-MCF TSTM

GAS WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


San Juan Division Manager
(Title)
Mar 9, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 12 1984, 19
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #
TITLE _____

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.