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

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

I.

Operator Sam Boren	
Address Box 953, Midland, Texas	
Reason(s) for filing (Check proper box)	
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 Champlin State	Well No. 1	Pool Name, including Formation North Bagley (Lower Penn)	Kind of Lease State, Federal or Fee State
Location			
Unit Letter P	660	Feet From The East	Line and 660 Feet From The South
Line of Section 8	Township 11S	Range 33E	NMPM, Lea 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"/> Pan American Petroleum Corporation (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 1725, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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 P Sec. 8 Twp. 11S Rge. 33E Is gas actually connected? no 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/5/67	Date Compl. Ready to Prod. 10/24/67	Total Depth 10360	P.B.T.D. 9920					
Pool North Bagley (Lower Penn)	Name of Producing Formation Lower Penn	Top Oil/Gas Pay 9510	Tubing Depth 9420-9820					
Perforations 9510-10248	Depth Casing Shoe 10359							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13	CASING & TUBING SIZE 11 3/4	DEPTH SET 420	SACKS CEMENT 400					
10	8 5/8	3904	450					
7	4 1/2	10359	450					
	2	9420						

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)

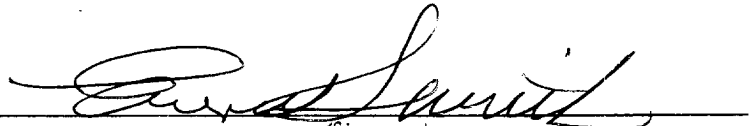
Date First New Oil Run To Tanks 10/25/67	Date of Test 10/25/67	Producing Method (Flow, pump, gas lift, etc.) flow	
Length of Test 24	Tubing Pressure 525	Casing Pressure packer	Choke Size 24/64
Actual Prod. During Test 432	Oil-Bbls. 264	Water-Bbls. 168	Gas-MCF 396

GAS WELL

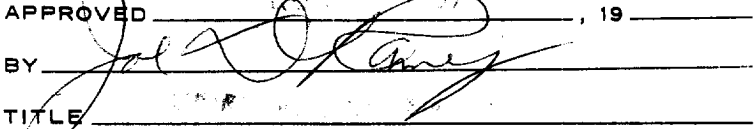
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


Agent
10/27/67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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 Sections I, II, III, and VI only 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.