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DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				
Operator		-		

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL REQUES	Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65			
	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR	AUTHORIZATION TO TI	AND RANSPORT OIL AND NATURALS	6AS 1 1/12 131 205		
I.	PRORATION OFFICE Operator		Non-operator:			
	Champlin Petroleu	n Company	Warren American Oil Com	pan <b>y</b>		
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry	Other (Please explain)  Gas  densate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Legse Name	Lease No. Well No. Pool	Name, Including Formation Chaveroc-San Andres	Kind of Lease State, Federal or Fee State		
	Hondo-State	1 0	Mareloompett strores	State, Federal or Fee		
		80 Feet From The North	Line and Feet From	The Rast		
		wnship <b>7-5</b> Range	33-E , <sub>NMPM</sub> , Ro	osevelt County		
		TED OF OIL AND NATURAL	CAS			
111.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr			
		Pipeline Company	P. O. Box 900, Del	-		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give dadress to which appr	oved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 32 7-5 33-	in gas astama,	hen		
	If this production is commingled wi	th that from any other lease or poo	ol, give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	1-27-65	3-25-65	91001	, 8730¹		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  San Andres	Top Oil/Gas Pay	Tubing Depth		
	Perforations 2 shots per foot: 1299-1304, 1320-28, 1333-36 4 1342-17  Depth Casing Shoe 9100'					
		TUBING, CASING, A	AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	11"	8-5/8*	35661	1,50		
	7-7/8"	5-1/2"	9100'	300 ax. around bottom &		
		2-3/8"	1316'	450 sx. thru IV tool 8		
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 all able for this depth or be for full 24 hours)					
	OIL WELL 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-Bbis.	Gas-MCF		
	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 COMPLIAN	CE		ATION COMMISSION		
	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.					
			ef. BY			
		TITLE				
	, !			compliance with RULE 1104.		
	H. Nisbrown District Superintendent		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 n	nust be filled out completely for allow-		
	T	itle)	able on new and recompleted	wells.		
	September 28	1965 ate)	Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner, orter, or other such change of condition.		

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.