1.	NO. OF COPICS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator Champlin Petroleu Address 300 Wilco Buildir Reason(s) for filing (Check proper box)	REQUEST AUTHORIZATION TO TRA AUTHORIZATION TO TRA Im Company ng, Midland, Texas 7970	ONSERVATION COMM ON FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-103 and C-2 Effective 1-1-65
	New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of; Oll Dry Ga: Casinghead Gas Conden		
11.	DESCRIPTION OF WELL AND I Lease Name State "32" Location Unit Letter <u>G</u> ; 1980 Line of Section 32 Tow	12 Chaveroo Sar	n Andres State, Federa	I or Fee         State         NM         10130           3934         3934           The         East         % K-2734
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	ved copy of this form is to be sent)
•	Name of Authorized Transporter of Cas Cities Service Compan If well produces oil or liquids, give location of tanks.	1y Unit Sec. Twp. Fige. B 32 7-5:33-E	Address (Give address to which approv Box 300, Tulsa, Oklahon Is gas actually connected? When Yes	na 74102
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Rest			
	Designate Type of Completio		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>N</b> /	TEST DATA AND REQUEST FO	DRALLOWABLE (Test must be a)	fter recovery of total volume of load oil	and must be equal to or exceed top all:
•	OIL WELL able for this depth or be for full 24 hours) Date of Test Dat			
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test		Water - Bbls.	Gas+MCF
	Actual Prod. During Test	Oll-Bbls.		
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Condensate
	Testing Mothod (pitor, back pr.)	Tubing Pressure (Shut-in)	Cosing Prensule (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	1 internation 1 101	TION 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.		BY	ан 1977 адаар
			TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly dilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo adde on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owned well name or number, or transported or other such change of condition Useparate Foldes Colled must be filled for some goal in must.	