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

	DISTRIBUTION SANTA FE	REQUEST	ONSERVATION COMMISSION * FOR ALLOWABLE	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 TRA	AND NSPORT OIL AND WATURAL	GAS I ki LH 165			
1.	Operator Non-operator: Champlin Petroleum Company Warren American Oil Company						
	Address	97, Midland, Texas	Other (Please explain)				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND Lease Name Hondo-State Location	Lease No. Well No. Pool Nar 2 Cha	ne, Including Formation Veroo-San Andres	Kind of Lease State, Federal or Fee State			
	22	Feet From The North Line	e and 1980 Feet From	m The East Roosevelt County			
III.		TER OF OIL AND NATURAL GA		and other transfer of the state			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 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 Sec. Twp. Rge. H 32 7-S 33-E		When			
IV.	If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completi	on $-(X)$					
	Date Spudded 6-12-65	Date Compl. Ready to Prod. 6-27-65	Total Depth 4385 1	P.B.T.D. 4370 Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 4419 GR Perforations 2 shots eacl	San Andres	Top Oil/Gas Pay 4272	4362 Depth Casing Shoe			
		291, 4295, 4312 <u>/ 4321</u>		& 4384¹			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	4041	250			
	7-7/8"	4-Y/2"	4384'	325			
v.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	oil and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	II. WELL able for this depth or be for full 24 hours)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	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	ICE	OIL CONSERV	VATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY					
	7/2~ 17		TITLE				
			This form is to be filed in compliance with RULE 1104.				
	MY (wines	21	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				
	District Superintendent (Title) September 28, 1965		tests taken on the well in accordance with RULE 111.				
			All sections of this form able on new and recompleted	must be filled out completely for allow- 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.				
(Date)		well name or number, or transporter, 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.