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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

AUG 4 11 59 AM '65

Operator Champlin Petroleum Company		Non-operator: Warren American Oil Company	
Address P. O. Box 1797, Midland, Texas			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Revised pool designation from Undesignated to Chaveroo-San Andres	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

If change of ownership give name and address of previous owner _____

Lease Name Hondo-State		Well No. 3	Pool Name, including Formation Chaveroo-San Andres	Kind of Lease State, Federal or Fee State
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 32 , Township 7-S Range 33-E , NMPM, Roosevelt County				

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation		Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		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 H	Sec. 32	Twp. 7-S	Rge. 33-E
		Is gas actually connected?		When
		No		

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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 - 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 COMPLIANCE		OIL CONSERVATION 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. H. N. Brown District Superintendent (Title) August 3, 1965 (Date)		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.	