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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		The second of th	The second		
	TRANSPORTER GAS	_		3" 11 kg 13 35		
	OPERATOR	-		UJ .		
I.	PRORATION OFFICE					
••	Operator Non-operator:					
	Champlin Petroleum Company Warren American Oil Company					
	Reason(s) for filing (Check proper box	, Midland, Texas	Other (Please explain)			
	New We!l	Change in Transporter of:	_			
	Recompletion Change in Ownership	Oil Dry C	Gas densate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name		Name, Including Formation	Kind of Lease		
	Lauck-Federal	1 Ch	averoo-San Andres	State, Federal or Fee Federal		
		FAR Franchis A 19 1	ing and Cart From S	The -		
	Unit Letter;66	Feet From The South	ine and6601Feet From 7	TheEast		
	Line of Section 29 Tov	wnship 7.5 Range 3	3.E , NMPM,	Rocsevelt County		
H	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL 6	BAS			
***	Name of Authorized Transporter of Oil		Address (Give address to which approx	ved copy of this form is to be sent)		
	Magnolia Pipeli Name of Authorized Transporter of Cas	ne Company	P. O. Box 900, Da Address (Give address to which approx			
	Name of Authorized Transporter of Cas	singnedd Gds [] or Diy Gds []	Address (Give dadress to which approx	ved copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en		
	give location of tanks.	P 29 7-S 33-E	Vented	T		
	If this production is commingled with	th that from any other lease or pool	1, give commingling order number:			
1 V .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	X	x	i i		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7-7-65 Elevations (DF, RKB, RT, GR, etc.)	7-20-65 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4419 GR	San Andres	42821	Depth Casing Shoe		
	Perforations 2 shots each	at: 4282, 4288, 42	196, 4310, 4315, 4324,	Depth Casing Shoe		
	4331, 4339 & 4348	TUBING, CASING, A	ND CEMENTING RECORD	44591		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	4091	250 sx.		
	7-7/8"	4-1/2"	44591	300 sx.		
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	depth or be for full 24 hours) Producing Method (Flow, pump, gas lij	(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas - MCF		
	Actual Float Builing 1000	3 2				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float 1991-Mel/D	Length of Test	Esta Conditionally Milvior	Gravity or condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI.	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation APPROVED		TION COMMISSION			
			n 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.			1 5 V			
	and the time and complete to the best of my mornings and bester.					
			TITLE			
	W.77 B = 157 0 57 1		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	H. N. Brisk	yw e)	well this form must be accompan	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
			tests taken on the well in accor	CONTROL TOLE III		

All sections of this form must be filled out completely for allowable on new and recompleted 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. District Superintendent September 28, 1965
(Date)

Separate Forms C-104 must be filed for each pool in multiply completed wells.