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

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTAFE	REQUEST	FOR ALLOWABLE	Effective 1-1-65		
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 18 67 65				
LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NAULINA	H CLO IS WALL		
OIL	-		בט אוו טא		
TRANSPORTER GAS					
OPERATOR					
1. PRORATION OFFICE					
Operator	Non-oper	rator: American Oil Gompany			
Champlin Petroleum Com	pany "attent	merican orr company			
P. O. Box 1797, Midlan	d. Texas				
Reason(s) for filing (Check proper box		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas	<b>=</b>			
Change in Ownership	Casinghead Gas Conden	asate []			
If change of ownership give name					
and address of previous owner	7,1	<i></i>	/ /		
II. DESCRIPTION OF WELL AND	LEASE	601 11 211			
Lease Name	Well No. Pool Nar	me, Including Formation	Kind of Lease		
Lauck-Federal	2 Unde	esignated-San Andres	State, Federal or Fee Federal		
Location	000 Courth	660	Toch		
Unit Letter; :	.980 Feet From The South Line	e and <u>660</u> Feet Fr	rom The <b>East</b>		
Line of Section 29 , To	ownship <b>7-8</b> Range	33-E , NMPM, RC	oosevelt County		
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S (C)	pproved copy of this form is to be sent)		
Name of Authorized Transporter of Oi					
The Permian Corpora		P. O. Box 3119, Mid!	pproved copy of this form is to be sent)		
Rame of Althorized Fransporter of Co	isingnated data [ ] of Dry data [ ]	1			
	Unit Sec. Twp. Rge.	is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	P 29 7-S 33-E	No			
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:			
IV. COMPLETION DATA	ith that from any other reads of poor,				
Designate Type of Completi	On - (X)	New Well Workover Deeper	Plug Back   Same Resty, Diff, Resty.		
		X	P.B.T.D.		
Date Spudded <b>8-12-65</b>	Date Compl. Ready to Prod.  9-2-65	Total Depth  4440	4438 *		
8-12-03	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Undesignated	San Andres	4230°	4388 °		
Perforations 2 shots each			Depth Casing Shoe		
4230, 34, 40, 89, 4312	2, 19, 28, 34, 85 & 92.		4440*		
		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8" 4-1/2"	377' 4440'	250 sx.		
6-3/4"	4-1/2"	4440	342 8x.		
		1			
V. TEST DATA AND REQUEST I	FOR ALLOWARIE. (Test must be a	fter recovery of total volume of load	l oil and must be equal to or exceed top allow		
OH, WELL		epth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)		
9=3-65	9-4-65	Swabbing Casing Pressure Choke Size			
Length of Test  24 hours	Tubing Pressure	Casing Pressure	Choke Gize		
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas - MCF		
276 barrels	260	16	Ni1		
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	NCE	OIL CONSE	RVATION COMMISSION		
		APPROVED	, 19		
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	he best of my knowledge and belief.	BY			
Form C-102 designating	ibmitted with application	TITLE			
to drill.	Alm 1	11	in compliance with RULE 1104.		
W)	4. 2001	If this is a request for a	allowable for a newly drilled or deepened		
Disi	DisiHendord		ompanied by a tabulation of the deviation accordance with RULE 111.		
Distric	et Landman		n must be filled out completely for allow-		
	Title)	able on new and recomplete	ed wells.		
Sept. 9		Fill out Sections I, II,	III, and VI only for changes of owner, sporter, or other such change of condition.		
(I	Date)	well hame of humber, of trans	appreciation of the control of conditions		

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.