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	GAS	
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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

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 <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32-7-33	Well No. 1	Pool Name, Including Formation Undesignated-San Andres	Kind of Lease State, Federal or Fee State
Location			
Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East			
Line of Section 32 , Township 7-S Range 33-E , NMPM, Roosevelt County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 B	Sec. 32	Twp. 7-S	Rge. 33-E	Is gas actually connected? <input checked="" type="checkbox"/> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-5-65	Date Compl. Ready to Prod. 4-22-65		Total Depth 4380'		P.B.T.D. 4374'			
Pool Undesignated	Name of Producing Formation San Andres		Top Oil/Gas Pay 4280'		Tubing Depth 4311'			
Perforations 2 spf 4280-84, 4301-04, 4309-12, 4322-28, 4333-36 & 4343-46					Depth Casing Shoe 4379'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		417'		300 sacks.			
7-7/8"	4-1/2"		4379'		350 sacks.			

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 4-19-65	Date of Test 4-20-65	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size None
Actual Prod. During Test 136 bbls.	Oil-Bbls. 73 BO	Water-Bbls. 63 BW	Gas-MCF N11

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

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.

Form C-102 designating allocated acreage of 40 acres previously submitted with application to drill.

H. T. Brown
District Superintendent
(Title)
April 22, 1965
(Date)

OIL CONSERVATION COMMISSION

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.