SANTA FE REQUEST FOR ALLOWABLE Superveder Of   FILE AND AND   U.S.G.S. AND AND   LAND OFFICE OL AND   IMANSPORTER OL Gast   OPERATOR OL Gast   PRORATION OFFICE ON OPERATOR   Union Pacific Resources Company Address   Address 1400 Smith Street, Suite 1500, Houston, TX 77002   Recompisition Oil   Other (Please explain) Company name change only   New Weil Ondersting   Recompisition Oil   Other (Please explain) Company name change only   I change in Ownership give name Change in Transporter of:   Recompisition Oil   Other (Please explain) Company name change only   I change of ownership give name Change in Transporter of:   Recompisition Oil Oil   State 32-7-33 Unit 6 Chaveroo (San Andres)   Istate 32-7-33 Unit 6 Chaveroo (San Andres)   Unit Letter O 660   Unit Catter Company	· · · · · · · · · · · · · · · · · · ·
IRANSPORTER GAS   OPERATOR PRORATION OFFICE   PRORATION OFFICE Image of conversing (Check proper box)   New Weil Change in Transporter of:   Recompletion Oil   Change in Ownership Change in Transporter of:   Recompletion Oil   Change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Mamplin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   It because Yell No., Foot Name, Including Formation Kind of Lease   Unit Letter	on, TX
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Union Pacific Resources Company   Address   1400 Smith Street, Suite 1500, Houston, TX 77002   Resson(s) for filing (Check proper box)   New Weil   Recompletion   Oil   Change in Transporter of:   Recompletion   Oil   Change in Ownership   Casinghead Gas   Company name change only   Change of ownership give name champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   II DESCRIPTION OF WELL AND LEASE   Letse Name   State 32-7-33 Unit 6   Chaveroo (San Andres) State. Federal or Fee   State 32-7-33 Unit 6   Chaveroo (San Andres) State. Federal or Fee   Unit Letter 0 660   Feet From The South Line and 1980   Line of Section 32 Township   Matress /Give address to which approved copy of this form is Mobil Pipe Line Company   Mobil Pipe Line Company Dox 900, Dallas, TX   Mobil Pipe Line Company Asiress /Give address to which approved copy of this form is	on, TX
Resson(s) for filing (Check proper box) Other (Please explain)   New Well Oil Dry Gas   Recompletion Oil Dry Gas   Change in Ownership Casinghead Gas Condensate   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   II DESCRIPTION OF WELL AND LEASE Well No., Fool Name, Including Formation Kind of Lease   Used at a 32–7–33 Unit 6 Chaveroo (San Andres) State, Federal or Fee   Unit Letter O 660 Feet From The East   Line of Sect	on, TX
New Well Change in Transporter of: Oil Dry Gas Company name change only   Change in Ownership Casinghead Gas Condensate Company name change only   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   If change of ownership give name Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   II. DESCRIPTION OF WELL AND LEASE State 32-7-33 Unit 6   Lease Name Weil No., Fool Name, Including Formation Kind of Lease   State 32-7-33 Unit 6 Chaveroo (San Andres) State. Federal or Fee   Unit Letter 0 660 Feet From The South Line and 1980   Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East   Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East   Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East   Molit Pipe Line Company 0 Cordensate Address /Give address to which approved copy of this form is Notee of Authorized Transporter of Otis Torigonal Gas & or Dry Gas	on, TX
Change in Ownership Casinghead Gas Condensate   If change of ownership give name end address of previous owner Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   II. DESCRIPTION OF WELL AND LEASE Well No., Pool Name, Including Formation Kind of Lease   Lease Name Well No., Pool Name, Including Formation Kind of Lease   State 32-7-33 Unit 6 Chaveroo (San Andres) State, Federal or Fee   Unit Letter 0 660 Feet From The South Line and 1980   Unit Letter 0 660 Feet From The East   Une of Section 32 Township 7-S Pange 33-E NMFM, Roosevelt   III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA   Mobil Pipe Line Company Dox 900, Dallas, TX   Name of Authorized Transporter of Oli X or Ondensate Address (Give address to which approved copy of this form is Mobil Pipe Line Company   Name of Authorized Transporter of Oli Company Bartlesville, OK   Visit Service 0il Company Bartlesville, OK	on, TX
If change of ownership give name champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston and address of previous owner Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston   II. DESCRIPTION OF WELL AND LEASE	K-2734
II. DESCRIPTION OF WELL AND LEASE   Lease Name Well No. Fool Name, including Formation   State 32-7-33 Unit 6   Chaveroo (San Andres) State, Federal or Fee   State 32-7-33 Unit 6   Cocation 0   Unit Letter 0   660 Feet From The   South Line and 1980   Feet From The East   Line of Section 32   Township 7-S   Pange 33-E   Name of Authorized Transporter of Oil AND NATURAL GAS TA   Name of Authorized Transporter of Oil Transporter of Oil Transporter of Cosinghead Gas C or Dry Gas Address (Give address to which approved copy of this form is Box 900, Dallas, TX   Name of Authorized Transporter of Cosinghead Gas C or Dry Gas Address (Give address to which approved copy of this form is Bartlesville, OK   View Service Oil Company Bartlesville, OK	K-2734
Lease Name Well No. Fool Name, Including Formation Kind of Lease   State 32-7-33 Unit 6 Chaveroo (San Andres) State. Federal or Fee State   Location Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East   Line of Section 32 Township 7-S Bange 33-E NMFM, Roosevelt   III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA   Name of Authorized Transporter of OIL or Condensate Address / Give address to which approved copy of this form is Dox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Address / Give address to which approved copy of this form is Dox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Address / Give address to which approved copy of this form is Bartlesville, OK   View Head and only Unit Sec. Twp. Ege. is gas actually connected? When	K-2734
State 32-7-33 Unit 6 Chaveroo (San Andres) State, Federal or Fee State   Location Unit Letter 0 660 Feet From The South Line and 1980 Feet From The East   Line of Section 32 Township 7-S Pange 33-E NMFM, Roosevelt   III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TA   Name of Authorized Transporter of Oil X or Condensate Address /Give address to which approved copy of this form is Eox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Address /Give address to which approved copy of this form is Eox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Address /Give address to which approved copy of this form is Eox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Address /Give address to which approved copy of this form is Eox 900, Dallas, TX   Name of Authorized Transporter of Cisinghead Gas X or Dry Gas Bartlesville, OK   Unit Sec. Twp. Ege. Is gas actually connected? When	
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Mare of Authorized Transporter of Oil And Candenade Address (Give address to which approved copy of this form is Box 900, Dallas, TX   Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is Cities Service Oil Company   Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is Bartlesville, OK   Viewed accessed of Unit Sec. Twp.   Bartlesville, OK Viewed accessed of Viewed	
Name of Althorized Transporter of Casinghead Gas x or Dry Gas Address (Give address to which approved copy of this form is   Cities Service Oil Company Bartlesville, OK   Unit Sec. Twp. Ege. Is gas actually connectea? When	to be senti
Cities Service Oil Computy Unit Sec. Twp. Ege. is gas actually connected? When	to be sent;
	<u> </u>
give location of tanks. B 32 7-S 33-E Yes 0-19-00	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	est. Dill. Bes
Designate Type of Completion - (X)	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.C.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil, Gas Pay Tubing Depth	
Perforations Cepth Casing Shoe	<u> </u>
TUBING, CASING, AND CEMENTING RECORD     HOLE SIZE   CASING & TUBING SIZE   DEPTH SET   SACKS CI	EMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a able for this depth or be for full 24 hours)	
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Teet Tubing Pressure Casing Pressure Choke Size	
Water-Bble. Gas-MCF	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCr	
GAS WELL	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condense	110
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE	ION
I hereby certify that the rules and regulations of the Oil Conservation	_, 19
shove is true and complete to the best of my knowledge and belief. BYEddie W. Sedy	
	JLE 1104.
This form is to be filed in compliance with Ru If this is a request for allowable for a newly d (Signifume) well, this form must be accompanied by a tabulation	rilled or deepe
tests taken on the well in accordance with RULE	111.
Marilyn Day, Technical Aide All sections of this form must be filled out con	apletely for al
(Title) September 18, 1987 Fill out only Sections I. II. III. and VI for o	