1.	DISTRIBUTION · · · · · · · · · · · · · · · · · · ·	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	Operator Champlin Petrolet	ım Company				
	Address					
	300 W11CO BU11011 Reason(s) for filing (Check proper box)	ng, Midland, Texas 797(	)   Other (Pleas	e explain)		
	New Well	Change in Transporter of: Oil Dry G				
	Recompletion Change in Ownership	Casinghead Gas X Conde				
	If change of ownership give name and address of previous owner					
п.	DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No
	Lauck Federal	7 Chaveroo San		State, Federal c:	Fee Federal 29	
	Unit Letter 1980	Feet From The South	ne and 1980	Feet From The	East	ai .
	Line of Section 29 Town	nship 7-S Range	33-E , NMP	A. Roosevel	t	County
111.	DESIGNATION OF TRANSPORT		Address (Give address	to which approved	copy of this form is to	be sent)
•	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this for					be sent)
	Cities Service Compar	Box 300, Tulsa	Box 300, Tulsa, Oklahoma 74102			
	If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 6-15-66					
	If this production is commingled with COMPLETION DATA		give commingling orde	r number:		
	Designate Type of Completion	I - (X)	New Well Workover	Deepen Pl	ug Book Some Res'v	Diff. Res
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		ubing Depth	
	Perforations			D;	epth Casing Shoe	
	HOLE SIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEME	NT
					· · · · · · · · · · · · · · · · · · ·	
¥/	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recovery of total valu	ime of load oil and :	must be equal to or exc	ceed top allo
••	Itest DATA AND REQUEST FOR ADDIVIDUAL   able 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.)					
			Casing Pressure		noko Sizo	
	Length of Teat	Tubing Pressure	CCBING Pressus			
	Actual Prod. During Test	011-Bbls.	Water-Bbls.	Ge	18 - MCF	
ł			.1	**************************************		
1	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gr	avity of Condensate	
	Testing Mothed (pitot, back pr.)	Tubing Prossuro (Shut-in)	Coning Pressure (Shut	-3.12) Ch	noko Sizo	
VI.	CERTIFICATE OF COMPLIANC	E	OIL			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by No Sextern			
			TITLE STPT			
	Waltermanloyd		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene			
-	(Signature) District Clerk		well, this form must be accompanied by a faberation of the covigite tests taken on the well in accordance with RULE 111.			
-	(Ti:!	>>	All acctions of able on new and re	this form must be completed wells.	s filled out complete	
-	January 25,		Fill out only well name or numbe	Sectiona I, II, III r, or transporter, or	, and VI for change r other such change filed for each pool	er ethaling
			h complete i wella.			