	DISTRIBUTION   NEW MEXICO OIL CONSERVATION COMMISSION   0. C.     SANTA FE   RECUEST FOR ALLOWABLE   Supersedes Old C-104 and C-1.     FILE   AND JUL 12   153   All '66     U.S.G.S.   AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   Effective 1-1-05     TRANSPORTER   OIL   OIL   Mail of the second secon							
	GAS OPERATOR PROBATION OFFICE							
1.	Operator Champlin Putrolann Company Non-Opurators Narren (American Oil Company							
	Address P. O. Ecx 1797, Midland, Texas							
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well Other (Please explain)   Recompletion Oth   Change in Ownership Casinghead Gas							
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease To.							
	Lausk-Federal 8 Cheverso-San -							
1	Unit LetterEFeet From TheUable_une andUbe andFeet From TheNOP th							
	Line of Section 29 Tow	nship 7-S	Range	30-E	, NMPM,	Roost	County	
111.	Magnolia Pipeline			S Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas generation or Dry Gas			P. O. Box 19598, Dollas, Toras				
	If wall produces oil of liquids	Unit Sec. J 29	Twp. Rge. <b>7-S 33-</b> E	Is gas actual Yeij	ly connected	? ¦Wh	en 6-15-65	
	If this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completion	n = (X)	ell   Gas Well	New Well	Workover	Deepen	Plug Back Same Resty, Diff. Resty.	
	Date Spudded	Date Compl. Ready	y to Prod.	Total Depth	اس ب می بادد . ب		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth	
	Perforations Depth Casing Shoe							
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT	
				<u></u>				
v.	TEST DATA AND REQUEST FC	DR ALLOWABL!	E (Testmustbea	i fter recovery oj	f total volume	of load oil	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	ELL able for this de		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure		Casing Prosoure			Choke Size	
	Actual Prod. During Test	Oil-Bbis.		Wator-Bbls.			Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D Length of Test				nsate/MMCF		Gravity of Condensate	
ļ	Testing Method (pitot, back pr.)	Tubing Pressure (	Shut-iz )	Casing Press	ouro (Shut-i	a)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVA				
	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.			APPROV	APPROVED			
				BY Slie N. Clements				
	H. N. Brown (Signature)			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.				
	Listrict Experintendent (Title) Juno 29, 1966			All acctions of this form must be filled out completely for allow- able on new and recompleted wells.				
	(Date)			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. Separate Forms C-104 must be filed for each pool in multiply				
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